

Nairobi City County HIV Fast Track Report 2015



Foreword



Dr. Evans Kidero, Governor,
Nairobi City County

Only a decade ago, Nairobi had a population of about two million. Today, this number has doubled. While the country's capital is an expanding and dynamic hub, drawing people from across the country, the region and the world, and generating opportunities for innovation, the rapid growth of urban areas such as Nairobi also brings particular issues in terms of preventing and managing diseases such as HIV.

People living in large and growing cities like Nairobi face specific risks, which increase their vulnerability to HIV infection. These risks include high mobility, a concentration of susceptible groups, such as drug users and sex workers, and high numbers of people residing in informal, slum settlements – especially youth.

With this in mind, on 1 December 2014, Nairobi joined 13 other cities around the world in signing the *Paris Declaration* – a key part of the global *Fast-Track Cities: Ending the AIDS Epidemic* campaign. The declaration commits its signatories to undertake concrete steps to end AIDS by 2030. We chose to be involved in this work – part of a broader effort to achieve the Fast Track Targets – because we understood that if we did not intensify our work to end AIDS, we risk losing the battle against the disease thus ultimately compromising our aspirations for socio-economic progress moving forward.

Nairobi City County has, over the last year, mounted an exceptional response, with support from the national government and its partners, including the UN Joint Team on HIV. This document tells the story of its key achievements, while at the same time identifying some of the work that still needs to be done. By focusing on addressing risks, vulnerability and transmission, while at the same time improving access to treatment, we have made tremendous progress. For example, in just one year, we have been able to increase the number of adults and children on antiretroviral treatment (ART) in Nairobi by over 10,000.

Building on these successes and the momentum that has been created, my office will continue to support this crucial county-level effort, which directly supports the targets set out in the Kenya AIDS Strategic Framework (KASF) 2014/15 – 2018/19 and the focus areas highlighted in the recently launched Kenya-UN Joint Programme on HIV. We very much hope that the lessons gathered by Nairobi so far can be used to inform the work of other counties with major urban settlements, who are trying to tackle similar HIV related issues.

Dr. Evans Kidero, Governor, Nairobi City County

Acknowledgements

The Nairobi City County HIV Fast Track Report 2015 has been prepared through a participatory process involving the county health management team, sub county HIV/AIDS coordinating teams and health stakeholders in Nairobi County.

A lot of dedicated effort and commitment was put into the development of this report. I therefore wish to take this opportunity to express my gratitude to all who were involved in this process for their effective participation and involvement.

I wish to particularly recognize and acknowledge the core team members led by Dr. Caroline Ngunu-Gituathi. They include: Florence Kabuga, Shillah Mwavua, Anthony Kiplagat, Mary Mugambi, Alice Kimani and Jesca Omai. Their unwavering commitment and teamwork is duly acknowledged. Further I appreciate the input of the UN Joint Team on HIV/AIDS for the technical and financial support throughout the planning and development period at every stage. In particular we acknowledge Dr. Jantine Jacobi, Harriet Kongin, Caroline Kern, Dr. Gurumurthy Rangaiyan, Mercy Mwongeli and Liana Moro.

Special thanks go to the County Executive Committee member for Health Services Dr. Bernard Muia, the Chief Officer of Health Dr. Sam Ochola and the County Director of Medical Services Dr. Thomas Ogaro for their leadership and support in the development of this report.

To those not mentioned here but who contributed in one way or the other to the production of this report, we appreciate your contribution.

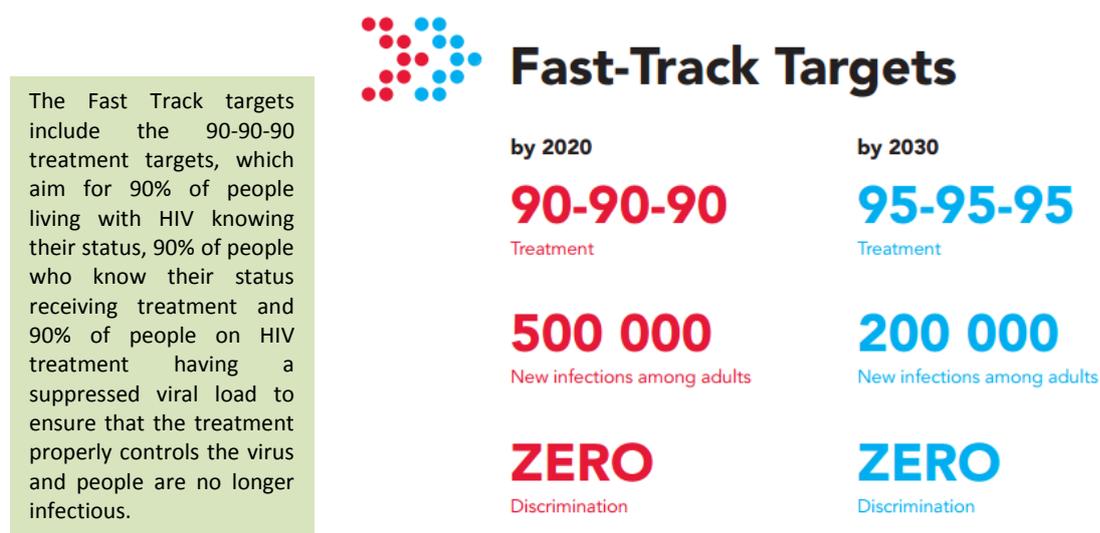
Dr. Bernard Muia, County Executive Committee Member Health, Nairobi City County

List of abbreviations

ART	Antiretroviral Treatment
CASF	County AIDS Strategic Framework
EMR	Electronic Medical Record
ICASA	International Conference of AIDS and STIs in Africa
IDU	Injection Drug User
IPT	Isoniazid Preventive Therapy
KASF	Kenya AIDS Strategic Framework
KDHS	Kenya Demographic and Health Survey
KP	Key Population
MAT	Medically Assisted Therapy
M&E	Monitoring & Evaluation
NACC	National AIDS Control Council
NASCOP	National AIDS & STI Control Programme
PMTCT	Prevention of mother-to-child transmission
PWID	People who inject drugs
SDG	Sustainable Development Goal
STI	Sexually Transmitted Infection
TB	Tuberculosis
ToR	Terms of Reference
TWG	Technical Working Group
VMMC	Voluntary Medical Male Circumcision

ENDING AIDS ONCE AND FOR ALL

In September 2015, at the United Nations General Assembly, world leaders committed to ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals (SDGs). This high-level decision was based on the recognition that, while the evidence and tools exist to end the AIDS epidemic as a global health threat once and for all, there was an urgent need to revamp action in order to outpace the epidemic. To achieve this ambitious goal, the global AIDS community adopted the Fast Track targets, providing a blueprint for quickening the pace of the response. In doing so, about 21 million AIDS-related deaths will be averted over the next 15 years.



While impressive progress has been made in terms of HIV programming over the last decade, with more and more people accessing treatment and living longer healthier lives, new infections and AIDS-related deaths are still unacceptably high. Furthermore, HIV continues to shine a harsh light on the inequalities of the world, with sub-Saharan Africa bearing the brunt of the epidemic. Seven out of ten people living with HIV globally reside in sub-Saharan Africa, home to around 15% of the world's population. In addition, 66% of all people who die of AIDS-related causes are from this region.

In order to meet the Fast-Track Targets and prevent the AIDS epidemic from re-surfing, countries will need to maintain high levels of targeted investment and commitment. Partners must leverage available resources for joint strategic results, ensuring a people-centred human rights-based approach, to leave no one behind.

A Multi-sectoral AIDS response: the SDGs

With the adoption of the interlinked SDGs, the global AIDS community has recognized the value of a comprehensive approach, focusing on multiple goals. While striving for universal health coverage (Goal 3), the AIDS response will also contribute to achieving gender equality (Goal 5), reducing inequalities within and among countries (Goal 10), promoting peace, justice and strong institutions (Goal 16), and fostering better and more innovative partnerships for sustainable development (Goal 17). As such, a multi-sectoral AIDS response is now more important than ever.

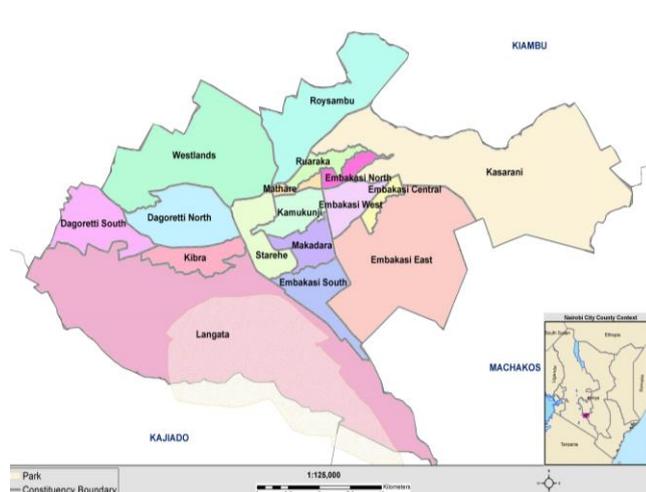


KENYA ON THE FAST TRACK

The Constitution of Kenya calls for the highest attainable standard of health for its citizens. Kenya’s development plan – Vision 2030 – recognizes HIV/AIDS as one of the greatest threats to health and development in the country. In view of the above, the current Kenya AIDS Strategic Framework (KASF) provides strategic directions to address the epidemic through an evidence-based multi-sectoral AIDS response. While Kenya has a national HIV prevalence rate of 5.6%, this varies across the counties, with, for example, Homa Bay at 25.7%, Nairobi at 8%, and Wajir at 0.2% (Kenya HIV County Profiles 2014). Appreciating the complexity of the epidemic, Kenya has adopted a population and location-based approach, enabling counties to tailor their response to needs, in line with the recent devolution of health services.



Nairobi leads the way in translating the KASF into a County AIDS Plan



Nairobi City County Map

Nairobi City County is among the first counties to develop a County AIDS Strategic Plan (CASP), understanding the need for a tailored plan that takes the epidemic's impact on different population groups within the county. Committed to Fast Track the Ending of AIDS, Nairobi County has also adopted the National Acceleration of Care and Treatment Plan, and the HIV Testing and Counselling Guidelines to facilitate better access to prevention, care and treatment services, and address the disparities among populations, including the high levels of violence, stigma and discrimination.

Nairobi's epidemic at a glance

Nairobi County has the highest burden of HIV of all counties in Kenya with close to 180,000 people living with the virus, including 12,000 children. Although the last decade has seen a consistent decrease in HIV prevalence rates – from a high of 14% at the peak of the epidemic to the current rate of 8% – the number of new infections in the city remains high at about 3,200 a year, with 39% HIV-TB co-infection and nearly 4,000 AIDS-related deaths. In addition, Nairobi hosts a large proportion of the Key Populations (KPs), including sex workers and drug users, with high HIV prevalence rates ranging from 18 to 30%.

As a capital city, Nairobi is characterized by highly mobile populations, the in and out population flows due to internal migration, (external migration notwithstanding). This has implications on ART and TB treatment follow-up. Nairobi hosts hidden populations such as refugees and undocumented migrants, which are difficult to reach with HIV services.

Low adult condom use of less than 50% (KDHS 2014) contributes to the risk of infection among the population more generally. According to the KDHS 2014 over half of Nairobi's growing population engages in their first experience of sexual intercourse before the age of 18. This is an indication of early sexual debut, which increases vulnerability to HIV infection, especially in women.

That said, most communities in Nairobi practice male circumcision, with around 90% of men who participated in a national survey in 2009 reporting that they had been circumcised. This is proven to reduce the risk of female to male transmission of HIV.

Currently, there are 303 PMTCT (Prevention of mother-to-child transmission) and 188 ART facilities providing care in Nairobi City County.

NAIROBI CITY COUNTY AND THE FAST-TRACK CITIES APPROACH

Cities often have greater resources, more specialised health systems, and capacity for innovation. However, they require specific measures in terms of HIV programming to implement focused, effective and rights-based AIDS responses, inclusive of the most vulnerable and marginalized populations.

Nairobi City County, with its major, informal urban settlements, is home to a large and growing proportion of people living with HIV. Alike in other cities, urban dynamics – such as high mobility, high population density and high concentrations of marginalized, fragile and stigmatized communities – create and exacerbate vulnerability to HIV infection.

Acknowledging these urban challenges, in December 2014, Nairobi joined other global cities to sign the *Paris Declaration: Fast-Track Cities: Ending the AIDS Epidemic*. Among other commitments, The Declaration calls on its signatories to:

- Achieve the 90-90-90 HIV treatment targets by 2020 (and ending AIDS by 2030);
- Put people at the centre of the AIDS response; and
- Address the causes of risk, vulnerability and transmission.



Nairobi City County joined other cities in signing the Paris Declaration



Since signing this landmark Declaration, and drawing from the conducive and supportive policy environment created by the KASF, Nairobi City County has pushed forward with the implementation of these commitments. Early 2015, with support from UNAIDS and other development partners, Nairobi City County developed an annual roadmap, laying the foundation for its County Strategic Plan. The Road Map contains four main strategic streams of work: 1) Scaling up what's working, 2) Finding new ways of delivering programmes, 3) Collecting and using better data, 4) Managing, coordinating and financing effectively.

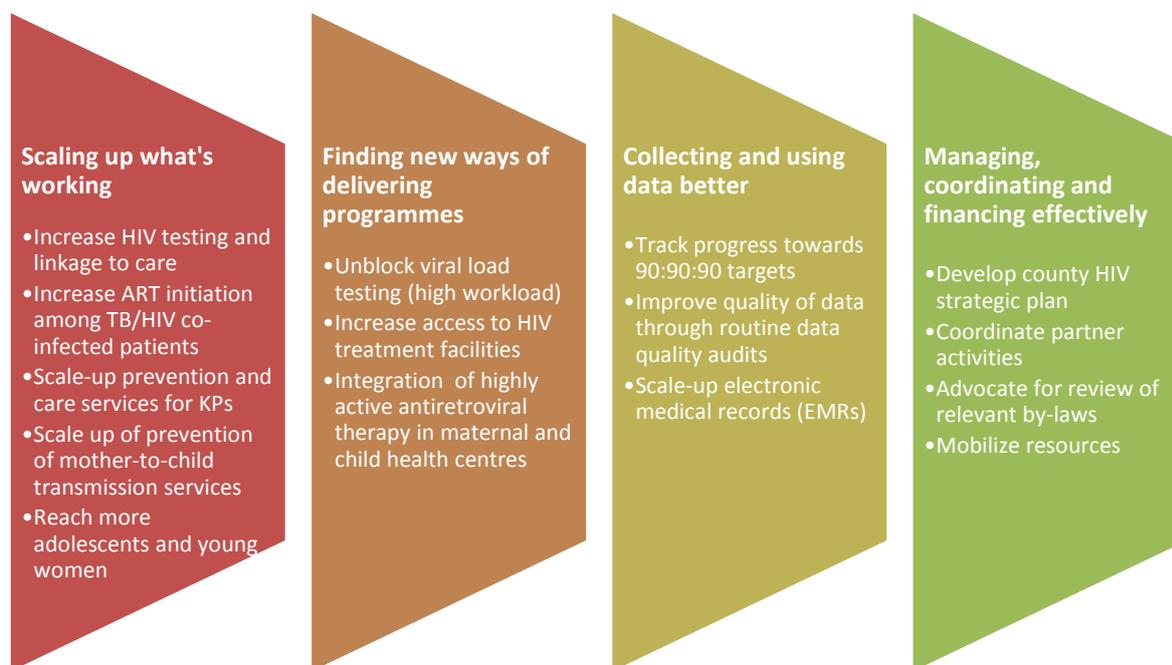


Nairobi City County's HIV Programming Unit team

Nairobi City County's HIV Programming Unit, under the Ministry of Health's Department of Preventative and Promotive Health is composed of a dedicated team of sixteen staff. The team has made particular progress in taking the implementation of the Road Map forward over the past year, in close collaboration with the Ministry of Health and other key national and international partners across the city's nine sub-counties.

FOUR STREAMS OF WORK

Nairobi's approach is focused around four streams of work that are mutually reinforcing.



1) SCALING UP WHAT'S WORKING

In deciding what to focus on, Nairobi City County and partners reviewed a range of on-going HIV/AIDS activities to ascertain what was working well and identify the barriers to acceleration, as outlined below. Subsequently, the County defined plans to address what would be needed in order to scale up the interventions both in terms of resources and partnerships.

Increase HIV testing and linkage to care

The County and partners identified HIV testing and linkages to care as core priorities for expansion across the county. In line with its location and population-based approach to effectively fast track the realization of the 90-90-90 targets, Nairobi City County focused on increasing HIV testing and care among Key Populations (KPs). The County organized a 10 days testing campaign in December 2015 targeting KPs and provided all KPs who tested HIV positive with linkages to care and treatment services with relevant health facilities. The campaign also promoted education and awareness on KPs among health providers and the public. A total of 6,602 people were tested, surpassing the set target of 2,000.



Who are Key Populations (KPs)?

KPs are groups of people who are disproportionately at higher risk of acquiring or passing on HIV. This is because they engage in behaviours that predispose them to acquiring HIV. In Kenya, these groups include sex workers and their clients, men who have sex with men, prisoners and people who inject drugs.

The reason why these groups are at the highest risk is because of the increased frequency of high-risk sex (e.g. unprotected, multiple partners, frequency of partners) and drug-related HIV risk behaviours (e.g. sharing of needles).

At the same time, KPs experience barriers to accessing services because their behaviours are criminalized and stigmatized making them marginalized and hard to reach.



Testing campaign in the city with the transport sector

Increase ART initiation among TB/HIV co-infected patients

During the last year, Nairobi City County held three TB/HIV stakeholder meetings. Although integration of TB and HIV remains low at 22%, the County has set a target to increase integration by 10%. Furthermore, all sub-counties have introduced Isoniazid preventive therapy (IPT) and 300 health care workers have been trained on IPT. Last year the County had a total of 6000 patients on IPT. Additionally, TB patients starting on ART have increased from 80% to 91%, with the total number of patients decreasing from 3620 to 3300.

Scale up prevention and care services for KPs

About one in three new HIV infections take place among KPs, including sex workers and prisoners, the large proportion of which resides in urban areas. In light of this, Nairobi City County values the strategic direction outlined in *On the Fast-Track to End AIDS*, the new UNAIDS Strategy 2016-2021, which sets out a vision for tailored HIV services to be accessible to KPs.

This includes a call to implement outreach campaigns to inform and create demand for prevention and treatment services among vulnerable groups; meaningfully engage KPs in decision-making and implementation of HIV programmes; and remove punitive laws, policies and practices that create stigma and, in turn, block access to services.



SAPTA facility in Pangani

Nairobi City County has put a specific emphasis on people who inject drugs (PWID) and who are particularly vulnerable to HIV infection, by expanding access to medically assisted therapy in Starehe sub-county. The outcomes of these services, integrated with the provision of ART drugs and other care, are described below, in the “Story of change” about drug-users in Pangani. Nairobi City County intends to expand integrated services delivery for injecting drug users (IDUs) to other parts of the county, equally in need.

STORY OF CHANGE: Treating addiction to improve treatment and reduce HIV transmission

Current estimates for Kenya suggest that one in five PWID is living with HIV. Nairobi City County alone has over 6,000 injecting drug users and is among the first counties to introduce medically assisted therapy (MAT) for IDUs, integrated with ART.

A key facility working with injecting drug users is SAPTA – or, Support for Addiction, Prevention and Treatment in Africa. Based in Pangani, which is located on the edge of the Mathare slum which houses a large drug den known “Nigeria”. The facility offers a range of services that are having a major impact on the lives of IDUs.

SAPTA coordinates needle distributions, provides basic meals and cleaning facilities for drug users and runs some basic economic empowerment activities. Critically, however, they also offer psycho-social counselling, HIV and STI testing and provide referrals to the nearby methadone clinic in Mathare. As part of the process of linking drug users to the methadone programme, SAPTA works to ensure follow-up and adherence to the programme and logs defaulters.

“It has been a life saver. Without methadone I can’t imagine where I would be now,” explains Grace, a twenty-six year old former heroin addict from Nairobi West who came in contact with SAPTA last year when she heard that a methadone programme was about to start in the area. She has been enrolled since June 2015 and is now studying law at the university. While Grace applauds the new methadone programme and the work being done by SAPTA more generally, she found that it was quite a bureaucratic process to be accepted onto the programme. She also believes more needs to be done to help those who have successfully used the methadone programme to quit drugs, to find work and become part of society again.

PWID often have little or no contact with their families. “There is very low acceptability or family support of this behaviour, especially by women,” explains Esther Gitau, a psychosocial counsellor who works for SAPTA.

The integrated approach, providing methadone and ART, benefits adherence in HIV-positive patients, resulting in better treatment outcomes. A knock benefit, which has been observed in other contexts, is that the programme may also reduce new HIV infections by reducing the number of sexual partners a person has and reducing the use of sex in exchange for drugs or money.

Scale-up prevention of mother-to-child-transmission services

Integrating HIV interventions with maternal and child health services is an efficient strategy in places, like Nairobi, where HIV prevalence is high. Not only does primary prevention of HIV improve, but maternal mortality is reduced and the health outcomes for HIV-exposed and HIV-infected children get better as well. These interventions also result in multiple efficiencies for providers and for health systems more broadly, especially in terms of value for money.

STORY OF CHANGE: Preventing mother to child transmission of HIV in Embakasi

Over the last year, the Umoja Health Centre in Embakasi has been exploring ways to improve the delivery of care to HIV positive women and ensure greater adherence to treatment. One of the key strategies they have adopted – shown to be successful in a range of different places, from Jamaica to Mozambique – is to formally combine ante and post-natal services with HIV services.

Every Thursday, women who are pregnant or who have recently given birth are encouraged to visit a dedicated clinic, where they can access a range of services. At each appointment, a new mother can collect her own ART and have her baby's progress checked while also receiving crucial information about infant immunisation, family planning and nutrition (especially about breastfeeding safely during ART prophylaxis). All women also receive a general health talk at each of these weekly sessions. Before the implementation of this new system, an HIV-positive woman would have to visit two different clinics to access the services she needed, sometimes on different days.

"We wanted to see what impact integrating these services would have," explains Rodgers Mwandembe, who runs the centre, located just east of Nairobi's central business district. "This is mainly about being more joined-up, but we're also seeing that it makes them [HIV positive women] feel more comfortable."

Diana is 20 years old and is expecting her first child in just over six weeks. At her appointment, her blood pressure is taken and she is examined to determine the position of her baby. She also picks up her ART and has an important blood test done to determine her 'viral loads' (the level of HIV in her system); when viral loads are high, the chance of mother-to-child transmission increases.

Purity Karuri, a clinician who has worked at Umoja since 2010, usually works at the HIV clinic. However, on Thursdays she moves to the ante and post-natal unit, taking relevant patient files with her to ensure up-to-the-minute record keeping. "I usually see about 15 patients on Thursdays, though we often get a few unscheduled 'drop-ins' too."

Anthony Kiplagat is the AIDS and STI Control Coordinator for Embakasi sub-county. He explains: "We have a motto – '*Ni jukumu letu kama wahudumu wa afya kumhudumia mteja mahitaji yake yote akiwa pale pale akistaarabika*' (Swahili for 'it is our duty as service providers to provide all services needed by the patient in one visit'). It means the clinician moves, not the patient."

Though the integration programme at Umoja Health Centre has only been in place since July 2014, there has already been a dramatic change in the way HIV positive women are accessing services for themselves, and for their babies. For example, last year only half of women who gave birth at the health centre enrolled their child in relevant services.

Of course, there have been some challenges in terms of staffing and space, but efforts are being made to refine the integration of services and make better use of existing facilities in the centre where possible. Of particular concern, however, is the supply of HIV testing kits, which can be erratic at times. Nairobi County is working with the Ministry of Health to rectify this issue.

Reach more adolescents and young women

With nearly 41% of Nairobi's population under the age of 15 and another 21% aged between 15 and 24, the county faces a particular challenge when it comes to addressing the needs of adolescents and young people.

As such, Nairobi City County welcomes the *Kenya Fast-Track Plan to End HIV and AIDS Among Adolescents and Young People*, published by the National AIDS Control Council (NACC) in 2015. The Plan recognizes that young people are not benefiting sufficiently from investments in the provision of HIV services and that specific focus needs to be placed on them as a group. It outlines prioritized interventions and targets to be achieved by relevant counties, Ministries and Development Agencies of Government, and includes specific timelines.

Through partnerships with Civil Society and the UN Joint Team, more than 75,000 adolescents (10-19 years) and youth (20-24 years) in Nairobi have been reached with information and counselling on HIV, SRH and GBV through the *one2one* integrated digital platform (OIDP) with components of web and mobile based features. Adolescent Clinics have been initiated as one stop shops in different sites where adolescents living with HIV can access quality and friendly services.



The President with Elijah

Presidential commitment to tackling HIV among adolescents and young people
February 2015 - At the launch in Nairobi of *All In*, a new global initiative to end the AIDS epidemic among adolescents, H.E. President Uhuru Kenyatta announced that Kenya will lead by example by increasing domestic resources for the AIDS response and improving HIV prevention, treatment, essential health care and counselling services for adolescents.

H.E. President Kenyatta noted that the AIDS epidemic among adolescents threatened to rob Kenya of the promise of unprecedented growth and change in a context where Kenya has just reached middle-income country status.

"I have directed the Ministries of Education and Health to initiate programmes that will ensure all HIV-positive children are provided with life-saving medication. The issue of children living with HIV not on antiretroviral therapy must be addressed without further delay," announced the President at the event.

2) FINDING NEW WAYS OF DELIVERING PROGRAMMES

There are a number of specific priorities that fall under this stream of work, including unblocking viral load testing, increasing access to treatment facilities and improving services to stop mother-to-child transmission of HIV/AIDS.

Unblock viral load testing (high workload)

Nairobi City County has been partnering with stakeholders to address the issue of blood samples transportation from collection points to national reference laboratories; partnerships have also been established with private hospitals equipped with viral load testing machines. The County has so far formalised public-private partnerships with three of these facilities.

Integration of highly antiretroviral therapy in maternal and child health centres

In January 2014, Kenya's first lady, Margaret Kenyatta, launched her flagship Beyond Zero campaign to improve maternal and child outcomes in Kenya. Among the range of health issues the initiative aims to tackle is the elimination new HIV infections among children and keeping their mothers alive. This focus of the campaign is part of a broader national effort to spur high-level leadership towards HIV control, promotion of maternal, new born and child health in the country.

As part of the campaign, over 30 mobile clinics were acquired with a view to dispatch them to locations across the country, particularly to those with highly vulnerable populations. So far, 11 clinics have been established in Kibera, Nairobi's largest informal settlement, out of which eight are functional. These simple facilities – made from prefabricated containers with just five small rooms – offer a range of services including prenatal checks, infant immunisation, basic curative and laboratory services, and health and nutrition counselling. HIV prevention activities are also part of the clinic's remit, with family planning and testing available to patients.

As the following 'story of change' illustrates, interventions to integrate HIV/AIDS services with maternal and child health services have worked well, and led to a huge increase in links to treatment in many cases.

STORY OF CHANGE: Providing maternal and child health services in informal – slum – settlements

The Silanga Community Clinic is one of the functional mobile clinics. Located on the eastern side of Kibera – East Africa's largest informal slum settlement – it serves over 2,600 households. This site was chosen because of its high HIV prevalence and because maternal and child deaths were much higher than the national average.

"In a place where few health centres exist, it is a critical facility to the community," Beatrice Lucinde, the Sister-in-Charge of all eight clinics, explains. "What's more, it is free." "This is an important clinic because people do not have to go far from their homes," says Caroline Lesiyampe, a nurse at Silanga. "Many [people in the Kibera slum] are casual workers, which means that any time spent away from work is lost earning potential. As it [the clinic] is so close to their homes, people are more likely to come for treatment." In addition, the services are free, while most other clinics nearby charge a fee, out of reach for most. Five dedicated clinical staff – three nurses, a nutritionist and a lab technician – work at Silanga Community Clinic, which sees around 70 people a day. Health talks are provided by one of the nurses while people wait to be seen.

But the clinic has – and continues to – experience challenges. The lack of a regular supply of HIV testing kits means that people often have to be referred to Mbagathi Hospital for this service. At present, ART is not provided by the facility. Though the hospital where people are sent is only two kilometres away, this is likely to result in loss to follow-up, as there are no measures to check whether the referral has been effective. That said, staff at the clinic hope to be dispensing antiretrovirals early in 2016, which should solve this problem.

Space is rather tight, so what was originally designated as a procedure room is now used for consultation, with only emergency procedures being done at the clinic. There are also serious concerns around waste management and laboratory services due to the lack of equipment.

"Sustainability is an issue," says [Nairobi City County Representative], "as the clinics were not formally incorporated into county planning at first, but we are working to solve this." Even with these limitations, the eight small clinics that have been established have attended to over 50,000 patients so far, clearly addressing unmet needs of the neighbouring communities.

3) COLLECTING AND USING DATA BETTER

Track progress towards 90:90:90 targets

The Nairobi City County's team has set 90:90:90 targets up to facility level and these have been disseminated among the facilities' staff to encourage ownership. The County has been focusing on sensitizing staff on key indicators, providing capacity-building opportunities and training managers on how to develop 90:90:90 HIV cascades. Technical working groups (TWGs) track the progress of achievements made by sub-counties on a regular basis.

Improve quality of data through routine data quality audits



Dr. Ochola, Chief Officer for Health at Nairobi City County, presenting at ICASA

Data quality audits are conducted on a quarterly basis at sub-county level and about half of the audits are conducted at the facility level.

PMTCT and quality analysis data was shared internationally at the 2015 International Conference of AIDS and STIs in Africa (ICASA), held in Zimbabwe.

Scale-up electronic medical records (EMRs)

Nairobi City County set up EMRs in 15 facilities and staff in these facilities completed EMRs training. Adding onto the 56 facilities already equipped with EMRs, Nairobi City County now counts a total of 71 facilities with EMRs.

Nairobi City County has embraced the Situation Room

The need for clean, real-time and comprehensible data is vital to inform policy-makers in making evidence-based choices. Similarly, those working on the front lines – such as health workers – can use it to identify gaps and better structure their work.

Kenya recently rolled out the Situation Room, a digital platform that draws data from several independent sub-systems – including the public sector Maisha reporting system – as well as counties and health facilities service data. The system presents a national picture using a simple dashboard format to the President, County Governors and policy makers, which encourages accountability and more effective strategic decision-making. The visualization of progress assists county leadership and Health Officers in monitoring and managing their HIV and AIDS programmes.

The Situation Room also provides more general data on maternal and child health, with the possibility to expand to other health areas. Ultimately, the platform will be used to monitor progress towards achieving the targets in the KASF.

Nairobi City County was the first county to launch the platform, with the support of UNAIDS and the International Organisation for Migration. This has allowed Nairobi City County's HIV Programming Unit to have access to up-to-date information on the number of people infected with HIV in a certain location, the number of people on medication, as well as the amount of medicine available at specific local health facilities.

4) MANAGING, COORDINATING AND FINANCING EFFECTIVELY

Develop county HIV strategic plan, coordinate partner activities and mobilize resources

The County AIDS Strategic Framework (CASF) for Nairobi City County is currently under development and partners, including the UN Joint Team on HIV, the NACC and the Nairobi City County government, have been mobilised to assist the process. The coordination of County activities and the established work plan have been shared with all partners.

Multi-sectoral TWGs are in place for different sub-programmes, focusing in particular on Adolescents and HIV, Monitoring & Evaluation (M&E), VMMC (Voluntary Medical Male Circumcision), PMTCT, Quality Improvement, and KPs. The TWGs meets every quarter to bring together all relevant stakeholders. Each TWG has developed its own Terms of Reference (ToR) and work plan.

NAIROBI – WHAT HAS BEEN ACHIEVED IN JUST 12 MONTHS

Towards the first 90 - Identification and Linkage



45% increase in people being tested for HIV

- ✓ Significant increase in the number of persons tested: during a 10 day campaign in December 2015 a total of 6,602 people at higher risk of HIV were tested, surpassing the set target of 2,000.



19,000 more adults and **200** more children in care

- ✓ Increased number of adults and children identified and enrolled in care.

Towards the second 90 - Treatment



29% increase in adult patients on ARTs

- ✓ An additional 349 children and 25,571 adults on ART.
- ✓ Increased uptake of ART among TB/HIV co-infected patients by 11%.



79% now receiving drugs to prevent transmission to their babies

- ✓ Increase in uptake of both maternal and infant prophylaxis.

Towards the third 90 – Retention and Viral Suppression



50% viral load coverage in children (compared to 31% in 2014)

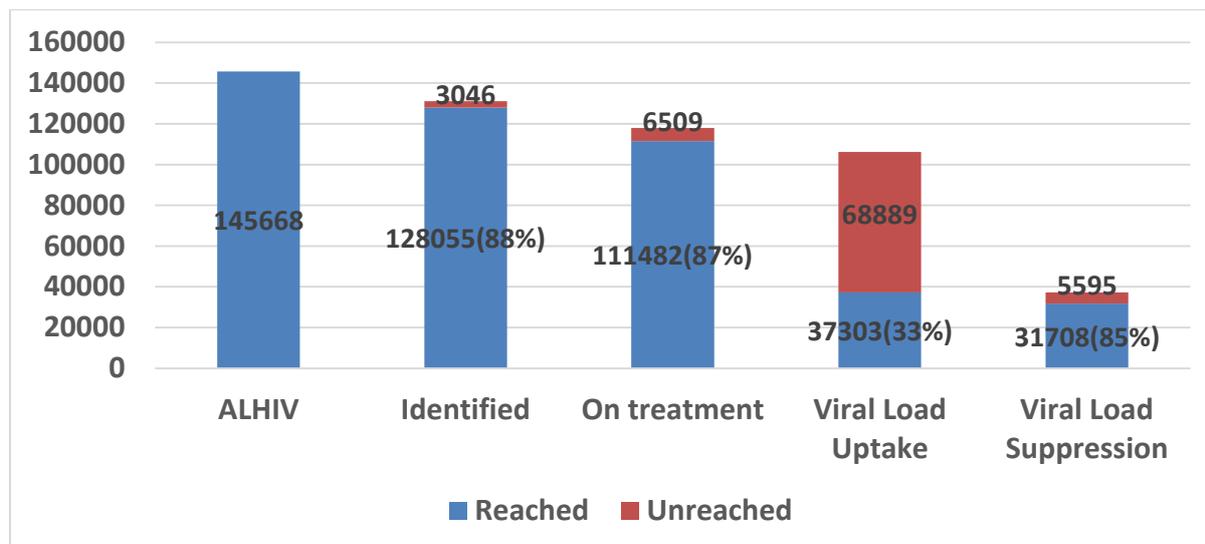
- ✓ Viral load coverage remains low for adults at 31%.



Viral suppression rates have increased remarkably from 66-87% in children and from 75-85% in adults

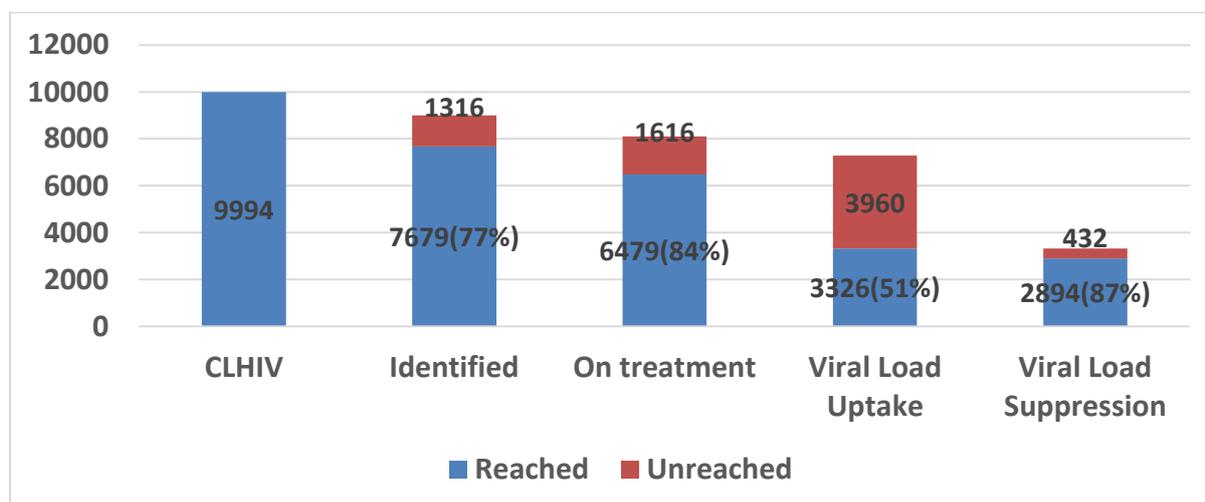
- ✓ 29% increase in the number of viral load tests conducted for adults, and 67% increase for children.

Progress towards 90:90:90 Targets for Adults (2015)



- 88% of adults in Nairobi are diagnosed as compared to 67% in Kenya
- ARV coverage is 87% in Nairobi as compared to 66% in Kenya
- Viral uptake is low at 33%, however viral suppression data is at 87%

Progress towards 90:90:90 Targets for Children (2015)



- 77% of children in Nairobi are diagnosed as compared to 52% in Kenya
- ARV coverage in Nairobi is 84% as compared to 52% in Kenya
- Viral uptake low at 51%, however viral suppression data is at 87%

Looking ahead

- 1) Improve viral load testing by doing it at county level
- 2) Share lessons of our experience with other counties
- 3) Develop and sustain public-private partnerships
- 4) Focus on delivering better for adolescents and young people through more youth friendly centres
- 5) MCH (Mother and Child Health) integration in 100 clinics
- 6) Improve data quality through scale up of EMR (80% of facilities)
- 7) Sustain our focus on IDUs

The exchange of experiences with other cities has supported Nairobi City County to reflect on its AIDS response and confidently scale up what worked, while embracing innovations to address the challenges unique to cities. Celebrating achievements not only creates space for critically reviewing and monitoring progress for greater success, but also facilitates the adoption of more systematic approaches to safeguard the progress made. The Fast Track in Cities approach has thus catalysed a positive momentum, with partners happily joining the move towards strategic results.