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AN AGENDA FOR RESEARCH ON THE EFFECTIVENESS OF COMMUNITY-BASED HIV CARE AND TREATMENT IN KENYA

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E²—improving efficiency and effectiveness for health

Background

Globally, more than 34 million people are estimated to be living with HIV, and 67 percent of them reside in sub-Saharan Africa.[1] While more than 16 million people are eligible for antiretroviral therapy (ART), an estimated 8 million people in low- and middle-income countries were receiving antiretroviral ART at the end of 2011.[1]

In Kenya, 1.6 million people (6.3 percent of the population) are living with HIV.[2] As of March 2013, of the 850,000 people in need of treatment, 614,400 were actively on ART.[2]

International treatment guidelines continue to change in line with new evidence that supports earlier initiation of treatment. Kenya will thus face increasing pressure to use emerging evidence to expand its treatment program despite resource constraints and many competing health priorities. Currently, approximately 70 percent of patients on ART in Kenya are managed in approximately 30 percent of the health facilities. These health facilities face serious human resource and infrastructure constraints that may slow the expansion of care and treatment. The engagement of the community has been cited as a key solution to address this issue.[3]

Community systems and services are important in HIV care and treatment to ensure continuity of services, support for adherence to treatment, treatment retention, linkages to complementary services, referral of clients, and a reduction in stigma and discrimination. As the population in need of HIV care and treatment continues to grow in Kenya, it is imperative that the country use community systems to ensure an efficient and effective response in an already overstretched health system.

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Global Evidence

Throughout the world, successful community-based programs, from peer support programs for people living with HIV to men encouraging other men to get tested, have been identified. The table below shows several successful community-based HIV programs:

Country	Program	Results
Several southern African countries[4]	Delivery of ART at the community level	Cumulative retention levels greater than 95%
Tanzania[5]	Community-based volunteers linking patients to trained medical workers for ART	Fewer patients were lost to follow-up due to increased support of family and community
Uganda[6]	Comparison of home-based ART delivery to facility-based ART delivery	Patient survival and ability to suppress patient viral load were equivalent, with both scenarios demonstrating that home-based care is an effective method of improving access to ART
South Africa[7]	Randomized control trial provided peer adherence support and nutrition to people living with HIV	Peer adherence support and nutrition can decrease delays in scheduled hospital visits

Local Evidence

In Kenya, groups such as community-based organizations (CBOs) and nongovernmental organizations (NGOs) have been used as entry points into communities to champion activities, including advocacy, service delivery, and resource mobilization. Three projects in particular demonstrate the effectiveness of community-based care.

First, the African Medical Research Foundation financed CBOs and training of community health workers in home-based care (HBC) to conduct the Maanisha community-based project. The five-year project reached more than 64,000 people living with HIV with HBC and provided 37,000 clients with nutritional support.[8]

Second, the AMPATH program in western Kenya has shown home-based counseling and testing (HCT) for HIV to be effective. The program has demonstrated an acceptance rate of over 90 percent for testing and a high number of linkages to care and treatment. More than 550,000 persons have been tested for HIV through HCT.[9]

Third, the USAID-funded mothers2mothers (m2m) program was successfully implemented in 77 facilities. This is a peer support program in which HIV-infected mothers mobilize their peers to seek services through health facilities. The m2m program uses a "Prevention with Positives" (PwP) approach by training and employing HIV-positive mothers to provide high-quality support and education to their peers in the healthcare setting. More than 170 mentor mothers have been employed to support more than 22,000 pregnant and postnatal women.[10]

Other major community-based care and support programs in Kenya include the USAID-supported APHIA II and APHIAplus projects. These projects typically train community health workers to provide home-based care, track and refer clients for services, follow up with pregnant mothers for services to prevent mother-to-child HIV transmission, and identify orphans and vulnerable children for care.

Photo credit: BBC World Service

Areas for Research

Various efforts are underway to improve community-based HIV care in Kenya, including the Ministry of Health's development of a community health strategy. However, there is minimal evidence on the impact of these programs beyond the number of persons reached. There is a robust evidence base of evaluations describing the positive effects of community involvement in the HIV response globally. CBOs can have a large impact with minimal investment when programs are run in the appropriate settings.[7] To maximize the efficiency gains that community-based programs can contribute to HIV care and treatment in Kenya, the Ministry of Health should do the following:

- Define the necessary scope of HIV community-based interventions or care within the context of the health sector's HIV response.
- Define remuneration packages and incentives for community health workers.
- Document the various strategies and models used in community programming within the health sector, and recommend best practices for scale-up.
- Conduct cost-effectiveness analyses of community-based interventions to advise policy and programming.

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