

CONCLUSIONS: HIV self-testing was highly acceptable. Socio-demographic characteristics and sexual behaviours did not appear to determine choice of self-test kit but the blood based kit appeared more difficult to use. We recommend rolling out HIV self-testing among young people.

LBPED38

Strengthening capacity toward the sustainable transition of HIV and TB services to Kenya prisons service

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BACKGROUND: Kenya Prisons Service (KPS) AIDS Control Unit (ACU), through Health Strat's (HS) 5-year Centers for Disease Control and Prevention-funded Transforming TB & HIV Prevention Care and Treatment in Prisons (TACT) project, provides HIV and tuberculosis (TB) prevention, care, and treatment services to prisoners, prison staff, and their families and surrounding communities.

A key objective of the grant is to enable KPS sustain quality HIV programming through direct funding. We evaluated the progress of this transition and its effect on HIV care in prisons.

METHODS: At the start of the project in 2014, a mixed-methods study was conducted to identify gaps in the management and delivery of HIV/TB services in KPS. Key gaps identified included lack of integration between the ACU and Prisons Directorate of Health Services, limited human resource capacity, and weak internal program monitoring. A framework for health system strengthening was developed, implemented, and monitored. In April 2019 we analyzed data from this 2014 study and current program data to evaluate the extent to which direct funding has been transitioned.

RESULTS: An ACU oversight committee comprising KPS top leadership and a project management unit with twinning between KPS and HS were created to monitor project implementation. 75% of the capacity and staffing gaps at the ACU and supported facilities identified in the 2014 report had been addressed. ACU staff were trained in financial and grants management to strengthen internal program monitoring. The first tranche of funds was transferred from HS to KPS in September 2016. By March 2019, the annual direct funding to KPS increased from 49% to 81% of the total project's activity funds. During 2014-2019, TACT interventions increased HIV service coverage from 24 to 42 facilities, increased the number of patients on ART from 3008 to 8206, and improved viral suppression among prisoners from 65% to 91%.

CONCLUSIONS: Strengthening capacity of KPS through the TACT project expanded the HIV program and transitioned HIV/TB services and funding to direct management by KPS. This project models strategies for achieving sustainable HIV programming through direct partnership, capacity strengthening, and direct funding of government institutions.

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