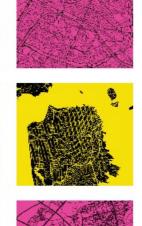




13-15 October 2024 | Maison de la Mutualité, Paris

Intersectionality between Mental Health, Adherence and Treatment Failure in HIV Care – A Case study of Nairobi City



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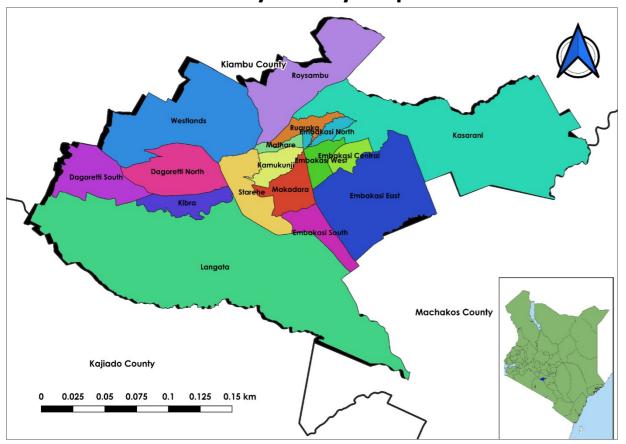


OVERVIEW OF NAIROBI CITY COUNTY



Nairobi City County Epidemic Context

Nairobi City County Map



Epidemic Context	2024
Population	4,397,073*
HIV Prevalence	3.2%***
No. of PLHIV (June 2024)	179,579**
No. on Treatment (June 2024)	179,512**
New infections per year	1,999***
PMTCT need	5,070***
No. Receiving PMTCT	6,382***
PMTCT coverage (No. on ART and PMTCT need)	126%***
1st ANC coverage (1st ANC attendance/expected pregnancies)	97% (Dec 2023)
MTCT transmission rate	6.0%***
Neighboring Counties/states	3



Nairobi City HIV Program Structure

Facilities

Coordination

- HIV Program Lead (Unit Head/CASCO)
- Program
 - Key & Vulnerable Population KP FP
 - PMTCT PMTCT FP
 - Paeds Paeds FP
 - VMMC VMMC FP
 - Clinical support and Mentorship HIV lead Mentor
- 10 Administrative Sub Counties SCASCOs
- Support Program:
 - Medical Lab services
 - HPT
 - AYP
 - RH
 - Community Health Services
 - GBV and Medical social work

- TB
- Nutrition
- School Health
- PHC
- Others

No. of Sub counties 17

10 Health administrative sub-counties

Total facilities 987

Public **125**

HIV services offering facilities

HTS sites 408

PMTCT **252**

Care and Treatment 244

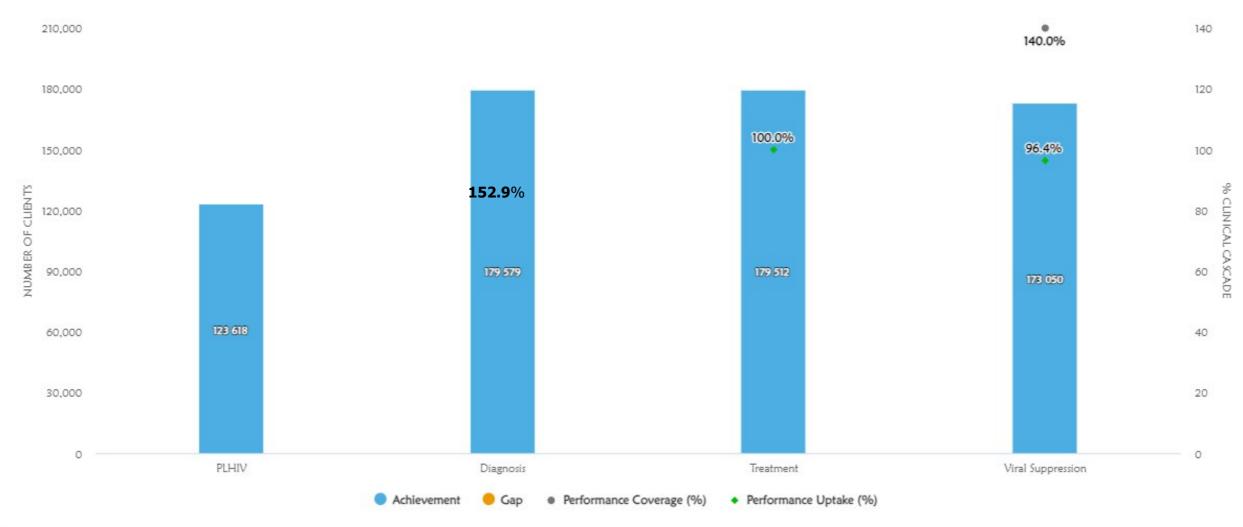
Key Pop DICs 21

MAT clinics 2

Integrated Mental Health Services-28



Overall 95:95:95 Cascade As at June 2024



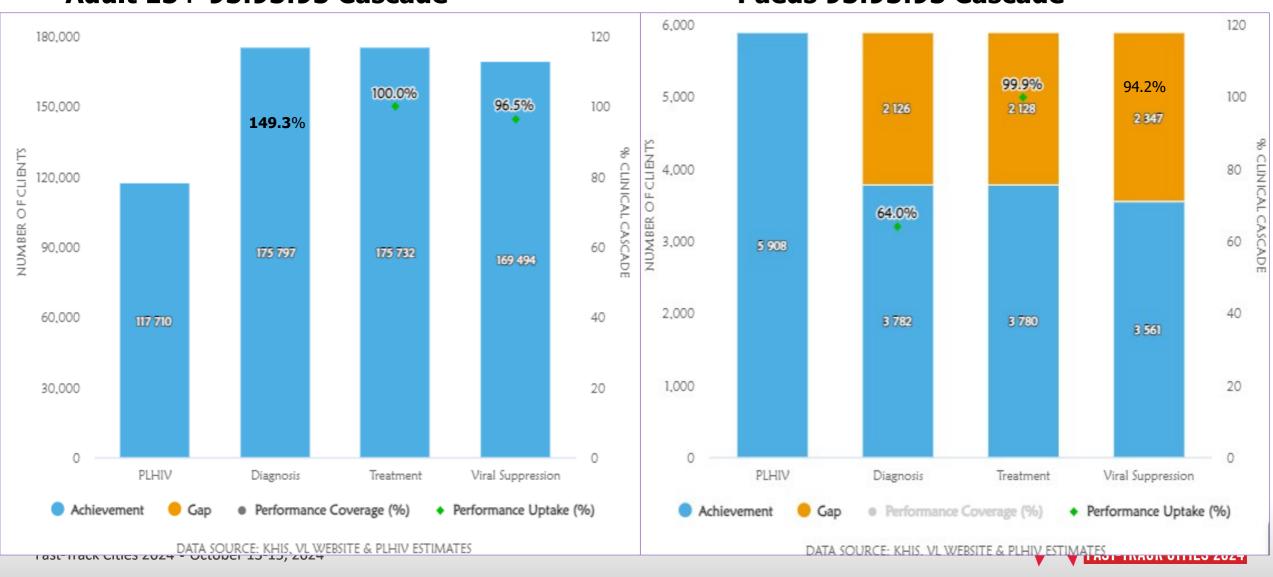
DATA SOURCE: KHIS, VL WEBSITE & PLHIV ESTIMATES



Age Specific 95:95:95 Cascade As at June 2024



Paeds 95:95:95 Cascade



Study Background

- This study explored the connection between mental health, treatment adherence, and treatment outcomes in HIV management.
- Factors like
 - Depression
 - Anxiety
 - Stigma
- Have been identified as barriers to patients adhering to their antiretroviral therapy
- Thus increasing the risks of treatment failure and drug resistance



Study Objectives

- To determine how mental health issues such as depression, anxiety, and stigma hinder medication adherence
- To determine the impact of multisectoral joint dialogues involving health care workers, teachers, student counselors, and youth ministries to address stigma on adherence and outcomes for patients with failing regimens



Study Methods

- Desk Review of retrospective data was conducted
- Time Period: January to December 2023
- Data Sets
 - Case files from the Nairobi city healthcare centers were examined through the HIV technical working group secretariat, focusing on the following:
 - HIV adherence counseling
 - Home visits
 - Support groups
 - Comorbidities
 - ❖ Mental health evaluations using PHQ-9, GAD-7, CAGE tools with mental health referrals

Findings(1/2)

A total of 20 case files were reviewed that had treatment failure & unsuppressed viral load after enhanced adherence interventions

Demographic Data:

• Females -11, Male 9 with Median age - 39 years and 3 AYPs aged 14-24 years

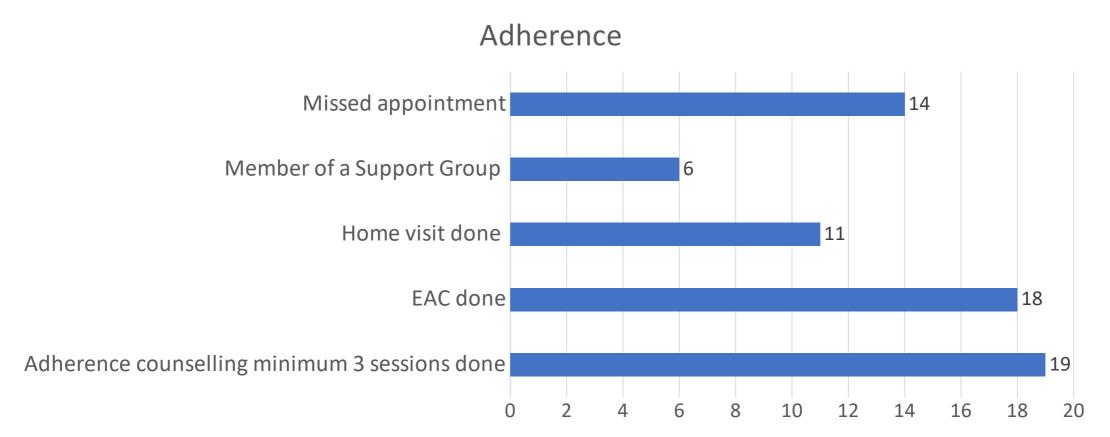
Treatment Duration:

- Seventy(70)% had lived with HIV for over 10 years
- All AYPs had HIV for less than 10 years, with the youngest (14 year old) living with it for 3 years
- Seventy (70%) missed clinic appointments and didn't have personalized adherence plans

Adherence Interventions:

- Ninety five (95)% received standard HIV counseling
- Ninety (90)% received enhanced counseling for treatment change
- Fifty Five (55)% received home visits
- Thirty (30)% were put in support groups

Adherence Interventions-Graphical Representation





Findings(2/2)

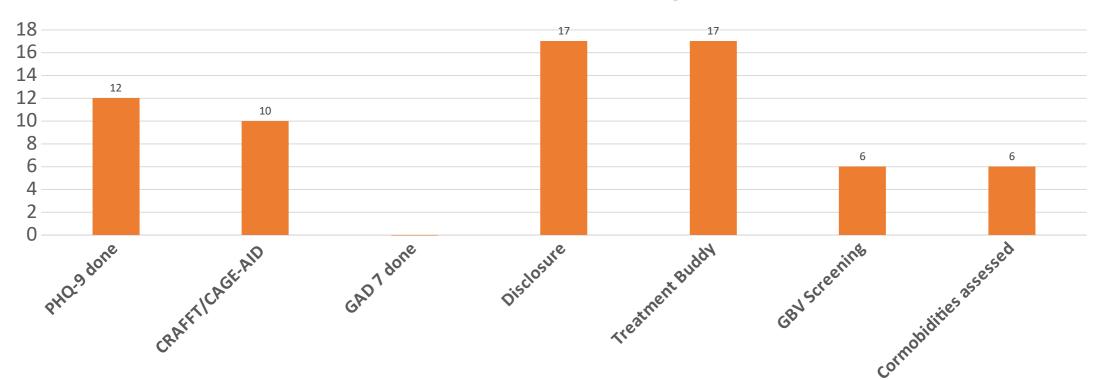
Mental health screening:

- Sixty(60)% assessed with PHQ-9,
- Screening with GAD-7 and CRAFFT/CAGE was minimal
- Thirty(30)% screened for GBV
- Disclosure to partner/treatment buddy was at 85%
- Most of the PLHIVs reported undergoing;
 - Stigma
 - Relationship challenges
 - Mental health struggles



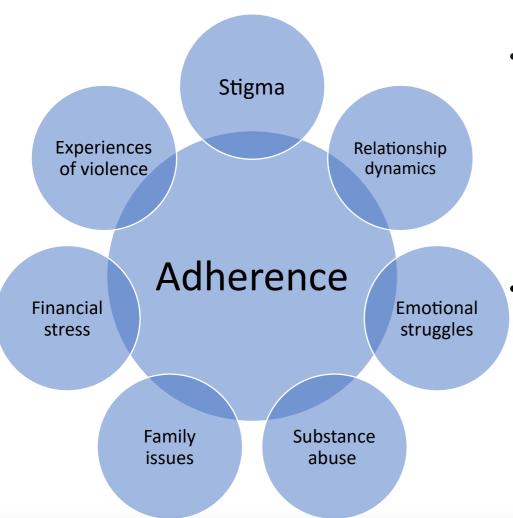
Mental Health Screening-Graphical Representation







Conclusion and Recommendations



 The study highlights the need for a comprehensive, patient-focused strategy in managing HIV, emphasizing the interconnectedness of mental health, adherence to treatment, and overall treatment success.

 Personalized solutions that cater to individual needs can boost adherence rates, improve quality of life, and result in better health outcomes for those living with HIV.



