



**Elizabeth Glaser
Pediatric AIDS Foundation**
Fighting for an AIDS-free generation

THE RED CARPET PACKAGE OF CARE IN KENYA: PROGRAM BRIEF



RED CARPET



All Photos: Gibson Kabugi/EGPAF, 2021

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The Red Carpet Program is a peer-navigated program providing linkage to care and retention on antiretroviral therapy for newly HIV-diagnosed adolescents and youth. All participants, adolescents and youth ages 15–24 years who are living with HIV, are issued a VIP Express Card, providing them with exclusive access to specialized, fast-tracked, and adolescent-friendly HIV services at their respective health facilities in coordination with local schools and peer support.

The Red Carpet Program (RCP) was designed to increase early linkage to and early retention in HIV treatment for adolescents and youth living with HIV (AYLHIV) ages 15–24 years in areas of Kenya with high HIV prevalence. It is implemented at both healthcare facility and community levels through fast-tracked services aimed to reduce barriers to young people around access to and utilization of HIV services. The activity is grounded in providing a “VIP experience” by prioritizing AYLHIV clients to feel valued, dignified, respected, welcomed, and important through the use of VIP Express Cards to fast-track services at health facilities, as well as strong cadres of responsive health care workers, supportive schools, and empowered adolescent champions.

A CRITICAL INTERVENTION

Through its AIDS strategic framework for 2014/2015 through 2018/2019, Kenya identified adolescents and young people as a priority population in its HIV response. Kenya had an estimated 91,634 adolescent living with HIV in 2019. Furthermore, AIDS remains the number one cause of mortality and morbidity in this priority population, with an estimated 2,275 deaths occurring annually, as of 2019. Notable progress has been made in the uptake of HIV testing services and other HIV prevention services. However, suboptimal linkage to and low retention along the treatment cascade continue to be significant barriers to optimizing the benefits of antiretroviral therapy (ART) among AYLHIV, including improved quality of life, greater life expectancy, and prevention of new infections.

RCP reduces barriers to early linkage to and retention in care through a package of adolescent-specific services and interventions that begin at the time of HIV diagnosis. RCP facilities have flexible service hours and a separate or integrated adolescent/youth service area staffed by health care workers (HCWs), adherence counselors, and adolescent champions who have been trained in adolescent health and adolescent-friendly service delivery. An appointment system is used to avoid long wait times for clinical visits. On-site adolescent champions provide youth with peer friendly individualized treatment literacy while adherence counsellors provide counselling services, link them to other needed services, and enroll them in age-based psychosocial support (PSS) groups specifically for those recently diagnosed. Later, adolescent champions support participating youth in transitioning to one of the established AYLHIV PSS groups, which are frequently facilitated by the same adherence counselor who ran that client’s early PSS group.

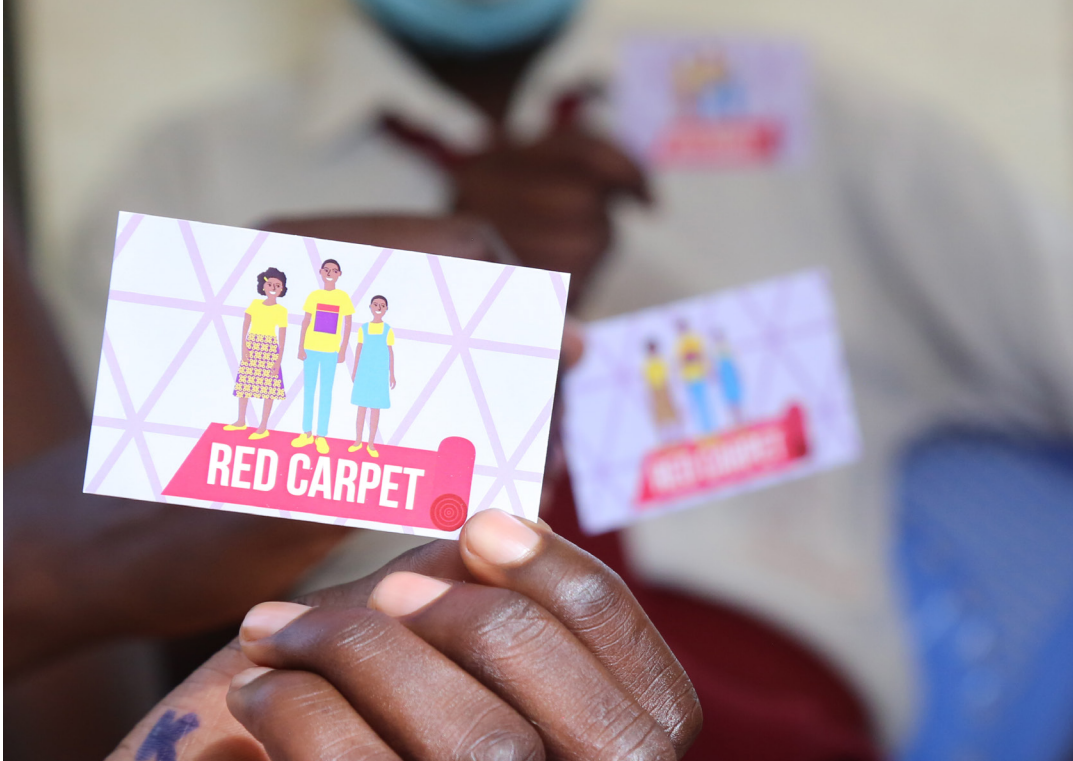
RED CARPET PROGRAM MODEL

RCP is implemented through a suite of interventions geared toward fast-tracking HIV services as well as creating a conducive environment for adolescents and youth to access and utilize these services. The suite of interventions is implemented at various levels: at health facilities, in responsive schools and communities, and with the Adolescents and Youth Peer Advisory Group (AYPAG).

1. At the health facility level, the RCP package is anchored in fast-tracking access to services through the Very Important Person (VIP) Express Card. This card guarantees “Red-Carpet” treatment to AYLHIV. The VIP experience ensures that the AYLHIV receive services in an environment that is client centered and responsive, with provision of services in a timely manner. This includes having a **VIP Express Desk** staffed by an adolescent champion to help adolescents navigate the health facility and access appropriate services, preferably via the VIP Express Health Room, where available. The VIP Express Desk also helps in setting up appointments and scheduling any referrals or other services. It is the point of contact for adolescents to reduce waiting times and address the burden of navigating the complex healthcare system. **The VIP Express Health Room** is a designated room for one-stop, integrated, and comprehensive HIV and health services, intended to reduce the need to move from one service delivery point to another. In addition, adolescent champions, adherence counselors, and other cadres carry out **home and school visits** for clients needing additional follow-up for treatment adherence, including adolescents in boarding schools. AYLHIV in the RCP who are newly diagnosed are linked and enrolled on ART as part of the same day ART initiation strategy. Additionally, to support adherence, pill boxes were available for AYLHIV.

2. At the community and school levels, through strong local engagement, the RCP collaborates with stakeholders, including ministries of education and school-based personnel, to establish and enhance bidirectional school–health facility services. The RCP supports adherence to and retention in care for AYLHIV within school settings. RCP strengthens school and health facility collaboration through **capacity building of both teachers/school staff and primary and secondary caregivers** on treatment literacy and support for AYLHIV. The aim is to ensure that all AYLHIV **keep appointments, are retained in care, and achieve and maintain viral load suppression.** Additionally, RCP provides ART literacy and support activities to the wider school community through school health clubs to **facilitate stigma reduction,** increase knowledge about HIV, and foster positive attitudes toward AYLHIV within the school environment. The RCP school package includes school-led systems such as adherence and peer support. RCP increases **access to social protection services** through referrals and linkage within and outside the school environment. School staff may also conduct **directly observed therapy** and set up confidential space and drug cabinets for ARVs where students can store and access their medications and receive adherence counselling and support.





“Empowerment of school teachers and matrons helped to increase the retention of school going AYP [adolescent and young people]. Whenever we [adolescent champions] go to a school, we initiate a health club where they [AYP] talk freely about health, not only HIV, but SRH and anything that involves around AYP.”

— YOUTH CHAMPION, KENYA

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3. Adolescents and Youth Peer Advisory Groups (AYPAG) ensures that AYLHIV are engaged throughout the design and implementation of RCP activities, including monitoring and evaluation. A number of adolescent champions are referred from the regional facilities and are trained to design and implement various project activities, including **staffing the VIP Express Desk** at the designated health facilities. AYPAG members support documentation of client information and help AYLHIV clients navigate across service delivery points. They also coordinate activities and care with **peers in schools** and conduct follow-ups with new AYLHIV clients and those presenting with any issues via visits, calls, or SMS. They participate in relevant health facility committees to **provide feedback** on the experiences of AYLHIV and advocate for their interests. Selected adolescent champions make up the AYPAG teams at the sub county and county levels, where they **engage in advocacy with MOE and MOH to improve quality of care** for adolescents and young people.

PROGRAM SUCCESS

The *HIV/AIDS Prevention Research Synthesis (PRS) Project* of the U.S. Centers for Disease Control and Prevention (CDC) determined that RCP met its criteria for evidence-informed structural interventions. Based on that determination, RCP was selected for inclusion in the CDC’s *Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention*. This recognition provides a broad platform for adoption of the intervention.

Evaluation of the RCP pilot intervention revealed significant improvement in linkage to and early retention in care among adolescents and youth in Homa Bay, Kenya. Within the first 6 months of program roll-out, 559 adolescents and youth ages 15-21 years (481 females and 78 males) were newly diagnosed with HIV. Of these, 97.3% ($n = 544$) were linked to care, compared with 56.5%

preintervention. In addition, 100.0% ($n = 559$) of these AYLHIV received peer counseling and PSS, with 79% ($n = 430$) initiated on treatment. Compared with pre-intervention, the proportion of AYLHIV who were retained on treatment at three months increased from 66.0% to 90.0% ($p < 0.001$), and the proportion retained at six months increased from 54.4% to 98.6% ($p < 0.001$), as illustrated in Table 1.¹

Retained in Care	Preintervention	Postintervention
At 3 months	142/215 (66%)*	389/432a (90%)*
At 6 months	117/215 (54.4%)*	144/146b (98.6%)*
a Data for three months available for 432 patients enrolled within the first six months b Data at six months available for 146 patients enrolled within the first month * $p < 0.0001$		

TABLE 1: RCP EVALUATION

With the evidence demonstrating RCP implementation leading to significant improvements in linkage to and early retention in HIV care, the model was scaled up. From 2017 to 2019, RCP expanded to include 66 health facilities and 87 schools in Homa Bay and Turkana Counties in Kenya. During this expansion period, the model also grew to include all adolescents and youth 10–24 years living with HIV, in recognition that adolescents and youth broadly face similar challenges associated with identification and with linkage to and retention in HIV care.

MAJOR RCP MILESTONES

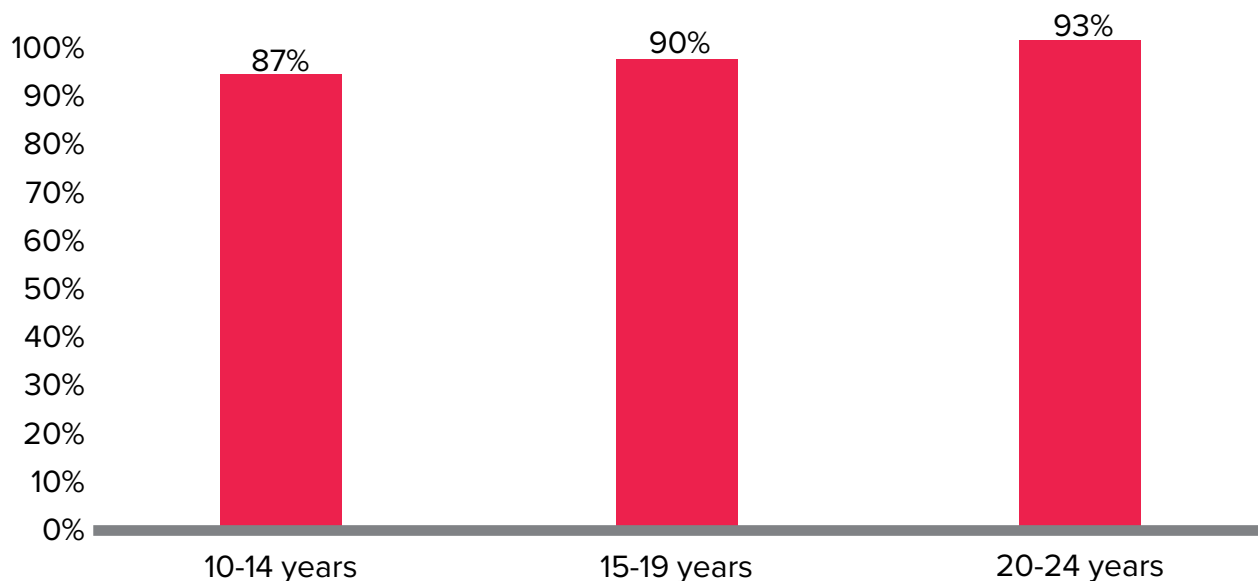
Since 2016, RCP trained 476 adolescent advocates in schools to support their roles in RCP-participating schools. By the end of 2019, 87 RCP schools were linked to a HCFs for bidirectional referrals to support the HIV management of learners living with HIV. By the end of the third project year, across the 87 RCP schools in Homa Bay and Turkana Counties, 546 AYLHIV received treatment adherence support after having disclosed their HIV status with the support of the sensitized school health committee member.

By the end of the second project year, a dedicated RCP team conducted systemic assessment of the RCP schools for HIV in Homa Bay County, finding that of the 74 participating schools in the second project year, 63 had implemented School Health Committees, adherence counseling, and confidential storage of and access to ARVs for AYLHIV. Following RCP implementation, the number of schools with competent guidance and counseling staff increased by 19.4%, the number of schools with active School Health Committees increased by 100%, the number of schools with teachers trained on caring for AYLHIV increased by 99%, and the number of schools linked to a health care facility increased by 62%, compared with baseline values.

By September 2019, the overall viral suppression rate among AYLHIV in RCP health facilities was 82%.

¹ Ruria EC, Masaba R, Kose J, et al. Optimizing linkage to care and initiation and retention on treatment of adolescents with newly diagnosed HIV infection. *AIDS*. 2017;31 Suppl 3(Suppl 3):S253-S260. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5497791/>

VIRAL LOAD SUPPRESSION RATE AMONG AYLHIV IN RCP HEALTHCARE FACILITIES BY SEPTEMBER 2019



THE FUTURE

Through the support of ViiV Healthcare, the Red-Carpet Program has witnessed the steady success of this innovative model for improving linkage to and retention in HIV care, and adherence to ART among AYLHIV. This intervention has been cited as an evidence-based intervention by the CDC's PRS Project and was recommended for national scale-up. EGPAF has presented the RCP technical advisory to Kenya's National AIDS and STI Control Programme (NASCO) for the national adoption of the RCP model in Kenya. EGPAF will provide technical assistance through training of trainers as well as adaptation support to interested implementation partners. **The current goal is to scale up this intervention and provide opportunities for structured learning visits to ministries of health and ministries of education, meeting with stakeholders/implementing partners, and engagement with AYLHIV at the three Centre's of Excellence set up in Homa Bay, at Suba East Sub-county Hospital, Ndhiwa Sub-county Hospital, and Rangwe Sub-county Hospital.**

The RCP is motivated to engage with any partners who would like to adopt the intervention, visit the Centres of Excellence, or assist with further funding and support for this initiative.

If you are interested in RCP, please contact EGPAF–Kenya Country Director Dr. Eliud Mwangi, emwangi@pedaids.org, or Country Implementation Manager Job Akuno, jakuno@pedaids.org.





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