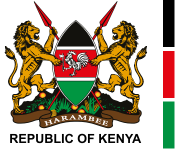
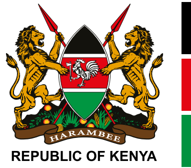


Ministry of Health

Private Sector Engagement Framework for Delivery of HIV Services in Kenya 2023-2028

WIN-WIN PARTNERSHIP

National AIDS and STI Control Program (NASCOP)



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Private Sector Engagement Framework for Delivery of HIV Services in Kenya 2023-2028

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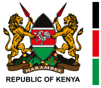

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Private Sector Engagement Framework, guides the collaboration between private and public health sectors in the delivery of HIV and AIDS health services. All reasonable precautions have been taken by NASCOP to verify the information contained in this framework document.

For clarifications contact National AIDS and STI Control Program (NASCOP) at P. O. Box 19361 - 00202, Nairobi Kenya, Tel: +254 (020) 2630867, Email: info@nascop.or.ke, Website: www.nascop.or.ke

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National AIDS and STI Control Program (NASCOP)

Preface

The HIV epidemic response in Kenya has achieved great strides toward the control of HIV and AIDS, in line with the Kenya Health Policy (2014-2030). It is estimated that 1.37 million people are currently living with HIV in Kenya, of whom about 1.29 million (94%) are on antiretroviral therapy. Most clients seeking HIV services patronize the public sector where direct costs borne by clients are highly subsidized by Government and Bilateral Partners.

Kenya is a low-middle-income country with a growing economy and an increasing middle-class population. The private health sector is also growing, yet only a small proportion of clients seek HIV services there due to attendant costs.

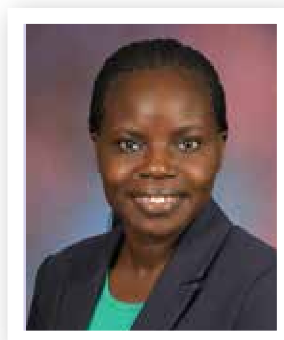
Increasing participation of the private health sector using innovative approaches is a win-win arrangement for both sectors. We are confident that leveraging the private sector will help Kenya make additional strides toward meeting the global UNAIDS Target; 95-95-95 testing and treatment targets among people living with HIV and AIDS (PLHIV).

In light of this, the Ministry of Health and its stakeholders developed this Framework to guide the private sector's engagement in the delivery of HIV services. We also envision that its implementation will contribute to achieving the full potential of public-private collaboration. The collaboration will tap into client willingness and ability to pay and increase the private sector customer base while decongesting the public health system. Additionally, it will contribute to increasing the sustainability of the HIV response in the country, in the face of declining funding from external sources. Implementation of the framework will also explore strategies to enhance client access to affordable HIV services and leverage health insurance HIV packages. Further, it will act as proof of concept for other disease areas, especially those requiring chronic management. Operationalizing the framework will require sufficient health products and electronic information management tools that report to the national Kenya Health Information System.

I am confident that this framework will contribute to achieving universal health coverage in the relation to HIV and AIDS and ending AIDS by 2027 as a public health threat.

Dr Patrick Amoth, EBS
Ag. Director General for Health
Ministry of Health

Acknowledgments



The Ministry of Health through National AIDS & STI Control Program (NASCOP) acknowledges the significant role the private sector plays in the provision of HIV services. This will be further strengthened and enhanced through collaboration with the public sector as envisioned in this Private Sector Engagement Framework.

This framework was developed through a consultative process that included the Ministry of Health, the Council of Governors, networks of recipients of HIV services, bilateral partners, professional associations, manufacturers and distributors of HIV commodities, associations of private hospitals, laboratories, private pharmacies, and implementing partners.

With much appreciation, I wish to recognize the special effort made by the NASCOP staff for the leadership role they played, and contributions from other Ministry of Health departments, County governments, PEPFAR agencies, USAID, CDC, HP Plus, Africa Resource Centre (ARC), the Network of people living with HIV, private health sector players, development and implementing partners, regulatory and professional bodies. Representatives from the above organizations and institutions spent long hours developing this document, and we do not take this for granted.

I wish to thank the technical facilitators and reviewers from the Africa Resource Centre, Council of Governors, Health and Development Innovations, Kenya Healthcare Federation, Pharmacy and Poisons Board, and United States Agency for International Aid-(USAID).

Finally, but not least, I wish to acknowledge with gratitude the financial support from USAID, Global Fund, and Africa Resource Centre that went towards the development of this document.

Dr Rose Wafula
Head, National AIDS & STI Control Program
Ministry of Health

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Acronyms and Abbreviations

ARV	Antiretroviral
ART	Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
HP+	Health Policy Plus
KASF	Kenya AIDS Strategic Framework
KEPH	Kenya Essential Package for Health
KEMSA	Kenya Medical Supplies Authority
KHMFL	Kenya Health Master Facility List
KMLTTB	Kenya Medical Laboratory Technologist and Technicians Board
LMIS	Logistic Management Information System
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NACC	National AIDS Control Council
NSDCC	National Syndemic Diseases Control Council
NASCOP	National AIDS and STI Control Programme
NHIF	National Hospital Insurance Fund
PLHIV	People Living with HIV and AIDS
PPB	Pharmacy and Poisons Board
PSEF	Private Sector Engagement Framework
PSK	Pharmaceutical Society of Kenya
SOP	Standard Operating Procedure
UHC	Universal Health Coverage
USAID	United States Agency for International Development

National AIDS and STI Control Program (NASCOP)

Executive Summary

The Government of Kenya, as part of the Global agenda, seeks to end HIV and AIDs as public health threat by 2027, by fast tracking access to HIV services equitably across the country. To achieve this ambitious goal, the Kenya AIDS Strategic Framework II (KASF II 2021-2025) recommends multi-sectoral collaboration that includes both public and private health sectors for the provision of HIV prevention, care, treatment, and support interventions.

The Private Sector Engagement Framework (PSEF) represents a comprehensive approach to guide the collaboration of the public and private sectors in the provision of HIV services. It outlines the principles and implementation approaches that will result in increased access to affordable quality HIV services, create an avenue for bi-directional referrals, and standardize the provision of integrated services across the entire health sector. Additionally, it envisions that the collaboration will contribute to the sustainability of the country's response to the HIV epidemic.

Both the public and private sectors will come into the partnership with their strengths and challenges. The private sector brings to the engagement a vibrant and innovative health delivery system that has a wide reach across the country. However, access to HIV access in the private sector has largely been hindered by the costs of services. The public sector, despite carrying the bulk of those who seek HIV services, is overwhelmed by the large client numbers, which introduces the risk of compromised quality of care and healthcare workers' burnout.

Together the two sectors will form a win-win partnership for the benefit of beneficiaries. The PLHIV will benefit from receiving affordable treatment at varied health facilities, while the private sector will receive an increased number of those seeking services. The public sector will experience a reduced workload allowing for better client satisfaction.

The goal of the private sector engagement is to leverage public-private collaborations and resources, to increase access to delivery of quality HIV services, and contribute to HIV epidemic control in Kenya.

Key strategic objectives and implementation approaches for achieving success are: -

1. **Increase access to affordable, quality client-centered HIV services in the private sector**
   The MOH will collaborate with health providers in the private sector who opt into the initiative. Consenting PLHIV and clients who need HIV services will be referred to receive comprehensive HIV services in private facilities. Selected facilities with the requisite capacity will also be able to initiate PLHIV on treatment, care, and support.

Consenting stable PLHIV and clients needing HIV services will be referred to participating facilities to continue receiving comprehensive HIV services. Selected private facilities with the requisite capacity will also be supported to initiate PLHIV on treatment, care, and support.

The PSEF envisions that the government will supply health products to participating health facilities and retail/community pharmacies for dispensing to clients and PLHIV at a nominal fee initially. Successful implementation the framework requires a secure product pipeline that adequately funded to mitigate stockouts. In the medium-to-long term, the private sector will be able to source commodities at affordable rates through pooled procurement mechanisms established with technical support from the government and implementing partners. Additionally, this partnership will influence market shaping strategies to ensure product availability and affordability. The cost savings emanating from these initiatives will also be extended to PLHIVs.

Concerning laboratory services, sample collection will be carried out by private sector entities. Thereafter, the specimens will be relayed to designated public sector laboratories for analysis. Following this, results will be relayed back to the treating health facility, using innovative means.

The Private sector will be able to levy a user/consultation fee to the client or their insurance provider for the provision of HIV services, sample collection, and transportation to the designated laboratories. Any incurred charges will be incremental (marginal) costs to cater to various service inputs such as dispensing fees, skilled labour, inventory control, storage space, and utilities. Health products sourced from the government supply chain will not be charged while those procured from private wholesalers will continue to be provided at market rates or subsidized prices where applicable.

2. Ensure Effective Leadership and Institutionalization of the Private Sector Engagement

Leadership, coordination, and governance will be spearheaded by the Ministry of Health working with stakeholders to establish multi-sectoral coordination structures at the national and county levels. These structures will oversee implementation and service delivery.

The PSEF also calls for changes in the institutional framework of the health sector. Key to this will be the recognition of retail/community pharmacies as integral contributors in the sector. They will be included in the Kenya Essential Package for Health (KEPH) levels and receive Kenya Master Facility List codes to actively participate in the initiative.

Jointly with stakeholders, MOH will seek to establish mechanisms to promote the acceptability of laboratory results among different service providers. Hence standard operating procedures and inter-lab quality assurance mechanisms will be institutionalized to strengthen the laboratory network.

3. **Enhance awareness creation, knowledge, and information sharing for effective engagement with the private sector**
   Culturally sensitive advocacy, information, education, and communication strategy will be implemented to increase demand for HIV services in the private sector among clients and PLHIV. Additionally, capacity building will be undertaken for participating private sector providers in support of the delivery of harmonized HIV services in line with the national HIV response.

   Health information management systems will be strengthened to capture service utilization & health product consumption information from all the participating entities in line with the national HIV reporting system.

Implementation of the PSEF will benefit the country's HIV response by contributing to meeting the Global Targets of 95-95-95 by 2025; 95% of people living with HIV and AIDS (PLHIV) identified, 95% on Antiretroviral therapy (ART) and 95% achieving viral suppression (95-95-95 Target).

PHARMACY

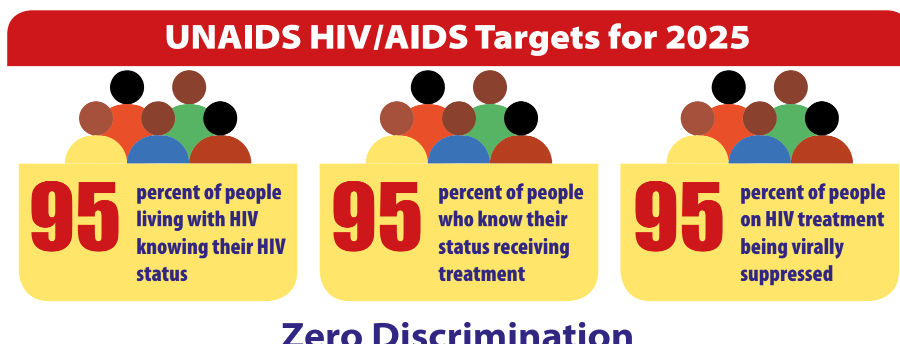
Introduction

1.1 Overview

The Kenya Country HIV response has made significant strides in the last two decades, toward epidemic control. This has largely been through the provision of services in the public health sector. Attainment and sustainability of epidemic control require partnership with the private health sector to further progress towards the elimination goals. This is in tandem with the Kenya AIDS Strategic Framework II (KASF II 2021-2025) which recommends a multi-sectoral response that includes both public and private health sectors for the provision of HIV prevention, care, treatment, and support interventions. The Public Private Partnerships Act of 2019 calls for synergized and unified coordination across all sectors.

This Private Sector Engagement Framework (PSEF) represents a comprehensive approach to the systematic involvement of all relevant healthcare stakeholders in HIV prevention, care, and treatment (World Health Organization, 2020). The PSEF will guide the engagement of the public and private sectors in HIV prevention, care, treatment, and support services. This framework encompasses diverse collaborative strategies and actors, such as; public-public (e.g. NASCOP and other public sector entities), public-private (e.g. NASCOP and private sector), and private-private (e.g. manufacturers of HIV products and technologies, and private hospitals) collaborations.

The framework envisages that sustainability of HIV treatment services will require the private sector to play a bigger role in increasing access to comprehensive HIV services, especially for those who can afford and are willing to pay for them. The engagement will also contribute to the country meeting the Sustainable Development Goals (SDGs) and Joint United Nations Programme on HIV/AIDS (UNAIDS) Fast Track goals of 95-95-95. 95% of people living with HIV and AIDS (PLHIV) identified, 95% on Antiretroviral therapy (ART), and 95% achieving viral suppression (95-95-95 Target).



1.2 Situation Analysis

Currently in Kenya, it is estimated that 1.37 million people are living with HIV, 1.29 million are on ART and 89% of these are virally suppressed. Of those living with HIV, 67,871 are children. The 2023 estimates further show that 57,368 (84.6%) children are on ART and 74% of these are virally suppressed. In addition, new HIV infections have reduced by 52.7%, that is from 47,000 in 2015 to 22,155 PLHIV. Further in the same period, AIDS-related deaths have reduced by 47.2% that is from 35,000 to 18,474 PLHIV. These are tremendous gains that need to be maintained and improved upon to attain epidemic control.

The country's prevention of mother-to-child transmission coverage rate has reduced from 94% in 2020 to 90% in 2023. Despite this, the MTCT rate has reduced from 9.7% to 8.6% in the same period, which further translates to a marginal decline in new infections in children by 14% from 5,201 in 2020 to 4,474 in 2023.

Kenya has a vibrant private health sector (for-profit and non-profit private sector), comprising over half of all facilities in the country (Kenya Master Health Facility List, 2020). This sector provides more than 50% of outpatient services in the country (KHHEUS, 2018). Currently, 74% and 12% of private-for-profit facilities provide HIV testing and ART, respectively (KHHFA 2020). Concerning laboratory testing, 73% of private health facilities provide diagnostic HIV, and only 6% offer ART monitoring (CD4, Viral load testing and Drug Resistance Testing) services (KHHFA 2020).

This data may be an underestimate as currently there is inadequate visibility into the private sector's contribution to the HIV response. One of the given reasons for the underutilization of HIV services in the sector is the non-availability of affordable medicines (KHHEUS 2018). To address this, the sector is piloting initiatives such as the delivery of pre-exposure prophylaxis (PrEP) drugs through private pharmacies for the acceptability and viability of the approach. Additionally the distribution of HIV self-testing through private pharmacies has been piloted with good outcomes, especially acceptability, due to the convenience, confidentiality, and choice of tests that come with it (Little K., and Rosenberg S.,2018).

Most clients seeking HIV services, in the country, are managed in the public sector due to the availability and affordability of services. Both clinical and laboratory services are largely offered free of charge or at highly subsided rates to clients and PLHIV. Despite the services being free in the public sector, clients face significant challenges such as long waiting times. Because of these challenges, 24% of clients have indicated the ability and willingness to pay for services and commodities in the private sector (Khaoya 2021). Additionally, most HIV services in the private sector, including for women and child, are not very well coordinated.

The public sector has historically leveraged the private sector to assist in the scaling up of public health interventions for adequate coverage of services. For example, the Kenya Expanded Program on Immunization, Reproductive Health Programs work closely with the private sector

to improve access to affordable contraceptives including condoms, Tuberculosis (TB) Program as well as Malaria Program. The National HIV Program seeks to leverage and implement the lessons learned from these programs.

Public-private sector engagement will increase access to the full package of HIV services and thereby contribute to meeting the Country's commitment to ending AIDS as a public health threat by the year 2030.

1.3 Problem Statement

Over the last two decades, the HIV response and control strategy has markedly increased the spectrum of HIV services for prevention, care, diagnostics, and treatment. These services include, among others; pre-and post-exposure prophylaxis, condom distribution, voluntary male medical circumcision (VMMC), counselling and testing, prevention of mother-to-child transmission (PMCT), care and support services, and antiretroviral therapy (ART) including diagnostic monitoring.

The wide array of HIV services has significantly increased the workload in the public sector. This has resulted in prolonged waiting times, reduced client-provider interaction, and burnout among service providers, all of which contribute to compromised quality of care. Additionally, some clients find the operating hours of public health facilities inconvenient due to the nature of their work and would prefer more flexible hours such as early morning, evenings, and weekends. These factors have compromised client-centric care and quality of services, which in turn has on occasion resulted in client dissatisfaction, missed appointment, and non-adherence to treatment and may have contributed to the loss-to-follow-up (LTFU).

Reliable access to quality medical laboratory services is essential for the successful prevention, diagnosis, treatment, and monitoring of diseases. Despite significant government and development partners' investments in improving the quality and coverage of medical laboratory diagnostic and monitoring services in Kenya, public sector laboratories are overwhelmed by high patient volumes and limitations in testing capacities. There are also shortages in the supply of required equipment, machine maintenance, reagents and commodities as well as the qualified personnel. These challenges create bottlenecks in the scale-up and decentralization of national health services.

To address the aforementioned challenges, the government in collaboration with the development and implementing partners decentralized services to lower health facility levels and initiated differentiated service delivery (DSD). Using this approach, stable PLHIV in care were given individualized care including multi-month dispensing of ART, and, access to treatment through the community-based models or public sector facility fast-track models. While these approaches have provided opportunities to simplify service access for PLHIVs, they have not sufficiently reduced the burden on the public healthcare systems.

Currently, the cost of all HIV services in the public sector is primarily borne by the government and externally generated resources. UNAIDS 2022 data shows that the Government contributes 40.3%, while PEPFAR and Global funds cater for 45.3% of the service provision financial needs. This raises concerns about the sustainability of epidemic control since external resources are not perpetual and have been declining over time without a matching increment in domestic resource allocation. Development partners contributed KSh. 54.7 billion in the fiscal year 2018/19 for HIV/AIDs, a decline from KSh. 59.7 billion in 2016/17. This was a 8.4% decline in external funding, while Government funding increased by only 2% in the same period (MoH 2021).

The private health sector has several advantages, over the public facilities, given it has flexibility in operating hours of the ambulatory clinics, the ability to source medicines and supplies outside of the government procurement, and other logistic support. Additionally, the sector is endowed with adequate human resources, logistic agility, and equipment capacities.

The primary barrier to accessing HIV services in the private sector is the cost of laboratory services and antiretroviral (ARV) medicines, which are more often than not, out of reach for the majority of PLHIVs, including women and children. Additionally, private providers procure a limited selection of commodities from private markets (private importers and distributors) and thereby limiting access to appropriate treatment regimens for patients (Dutta A, Maina T, Ginivan M., et al 2018). As a result, some PLHIVs are managed on less optimal ART medicine combinations that are not in line with the national guidelines. Secondly, private providers have no choice but to pass the cost of the ARTs to the clients. If there was a way for the private sector to source more affordable ART medicines and other HIV commodities, then the cost of HIV services to the client could be reduced. These challenges will need to be addressed to increase access to HIV services in the sector.

1.4 Rationale

The scale-up of health services using private-public engagement is supported by the Constitution of Kenya 2010, the Government Agenda of Universal Health Coverage (UHC), Kenya AIDS Strategic Framework II, the Kenya Health Public-Private Collaboration Strategy 2020, and the Kenya Health Policy, 2014-2030. The latter policy calls for public-private collaboration and the establishment of an effective and reliable procurement and supply system. This system would leverage public and private investments, capacities, and resources to advance patient access to HIV services.

Considering the strengths and challenges facing each sector, there is a need to foster collaboration between the two actors for the common good of the Country and its HIV response. Further, the decline in donor funding, calls for the government to put in place innovative mechanisms such as leveraging private-sector collaboration to fill in the gaps while expanding health insurance coverage. This will contribute to ensuring the HIV response in the country is sustainable.

In light of this, Kenya is exploring ways in which the private sector can complement the public sector's DSD efforts to increase HIV service delivery coverage using various strategies, including ART pick-ups atprivate pharmacies for ART, while ensuring quality and client satisfaction. Additionally, the government seeks to reduce the cost of inputs in the private sector. Involvement of the private sector will offer additional options for clients, increased privacy, convenient locations, expanded and flexible operating hours, shorter wait times, and greater client-centred care. In addition, the growing number of middle-class clients may be well positioned to take advantage of the private sector engagement while still retaining affordability.

The Private Sector Engagement Framework will facilitate leveraging the private sector, and guide both the public and private sectors in the provision of HIV services. This will contribute to increasing service delivery opportunities and resources for HIV control. Additionally, it will contribute to meeting the 95-95-95 global targets as well as reduce the incidence of HIV infection and eliminate mother-to-child transmission of HIV infection.

1.5 Purpose of the Private Sector Engagement Framework

The purpose of the Private Sector Engagement Framework (PSEF) is to provide an instrument to guide the enhancement of private sector involvement in the provision of quality HIV and AIDS services in Kenya.

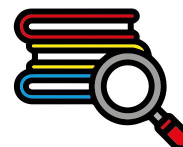
1.6 Methodology for Framework Development

The Ministry of Health, under stewardship from NASCOP, developed the PSEF jointly with a wide range of stakeholders spanning various MOH departments and agencies, Counties, the Network of people living with HIV, private health sector players, development and implementing partners, regulatory and professional bodies, the association of insurers to manufacturers and distributors. The development of the document began in 2016 and has been informed by: -

a. **Field assessments** - These were geared towards understanding the scope of the private sector in the delivery of HIV services, supply of HIV commodities, challenges experienced, and willingness of clients to receive services in the private sector.

b. **Key informant interviews** - Various MOH agencies, development partners, manufacturers and distributors, networks of HIV clients, professional and regulatory bodies, other disease programs, an association of insurers, private purchasing organizations, private laboratories, and government procurement and distribution agencies gave input into the PSEF.

c. **Literature Review** - MOH sought to determine the existing legal and policy landscape concerning the private sector in Kenya. The review explored policy direction that included defining the size and scope of HIV services in the private sector in Kenya, understanding the supply of HIV commodities, successes, challenges, and lessons learned in the private sector models being implemented in Kenya and other parts of Africa, determining the willingness of the private sector to participate in HIV care, and establishing clients' willingness to pay.



1.7 Guiding Principles

This framework will be guided by the following principles:

1. **Alignment** to existing legal, and regulatory frameworks- This framework will be aligned to, and operate under existing laws and regulations of the land including the 2010 Kenyan Constitution, and all the relevant laws concerning the regulation of the health sector.

2. **Collaborative Partnership** - The framework will enhance mutually beneficial public–private collaborations in line with the Kenya Health Sector Partnership and Coordination Framework 2018-2030.

3. **Client-centered Services**-The public and private sectors shall remain committed to client-centered health initiatives to deliver quality care for good health outcomes.

4. **Inclusivity** – The framework will promote the meaningful involvement of all the relevant stakeholders

5. **Ownership and accountability** –Public and private sectors will proactively collaborate in the realization of the objectives of the framework and be accountable for the outcomes.

6. **Transparency** - The framework aims to have all parties unfretted access to information related to HIV prevention, care, and treatment service delivery hence fostering a culture of transparency and accountability.

7. **Adherence to national policy documents and guidelines** - To achieve epidemic control, standardizing the country's response to the HIV epidemic is key. The Ministry of Health provides policy guidance to HIV prevention, care, and treatment for use in both the public and private sectors for a coordinated national response to the epidemic. Examples of these include Kenya Health Policy 2014-2030, Kenya AIDS Strategic Framework (KASF), and national guidelines for HIV testing, prevention, care, and treatment.

1.8 Overall Implementation Approach

The PSEF paves way for the public sector to collaborate with the private sector in the provision of comprehensive and affordable quality HIV services to clients and PLHIV. Leadership, coordination, and governance will be spearheaded by the Ministry of Health working with multi-sectoral technical working groups at the national and county levels.

The PSEF outlines the implementation of the following prerequisites for success: -

1. Establish a framework for collaboration in the delivery of comprehensive, affordable, and quality HIV services;

2. Identify and on-board eligible private providers;
3. Establish coordination and governance structures for engagement with the private sector at national and county levels;
4. Develop and implement social behaviour change and demand creation strategy; and
5. Institute a monitoring and evaluation system to inform and strengthen implementation.

1.8.1 Scope of Services

The scope of the HIV services envisioned in this framework span from preventive and curative services to the continuum of care and support. Expansion of these services in the private sector is expected to: -

- increase the number of clients receiving comprehensive quality HIV services;
- create an avenue for bi-directional referring of PLHIV between the two sectors;
- standardize the provision of integrated services across the health sector; and
- increase the contribution of the private sector to meeting global 95-95-95 targets.

Stable PLHIV and clients requiring HIV services, who consent, will be referred to participating private sector facilities of their choice. Additionally, the selected facilities with the requisite capacity will be supported to initiate PLHIV on treatment, care, and support. During the implementation of the Framework, MOH will explore areas for service integration so that PLHIV will benefit from other services such as management of TB, sexual transmitted infections, Hepatitis, and non-communicable diseases (NCDs) including mental health.

The PSEF envisions the government will supply health commodities to participating health facilities and retail/community pharmacies. This will facilitate access to affordable health products at a nominal fee. Furthermore, innovative methods of medicine dispensing and deliveries to stable patients will be encouraged.

In the medium to long term, technical support from the government and implementing partners will seek to establish pooled procurement mechanisms to enable the private sector to source commodities at affordable rates. The cost saving that will be realized from pooled procurement will also be extended to PLHIVs. Additionally, MOH will advocate for local manufacturing, to further bring down the cost of commodities.

Concerning laboratory services, the engagement will initially organize for sample collection and transportation to be carried out by private sector entities. The samples will then be transported to government and selected collaborating laboratories for processing and analysis. Thereafter the results will be relayed to the referring health facility, using innovative methods. Further, laboratory networking will be strengthened to enhance access to testing and monitoring at affordable rates.

While increasing access to HIV services is the key objective, the PSEF also aims to strengthen the competence of the private sector providers in offering standardized quality HIV services in line with national guidelines.

1.8.2 Recruitment of Eligible Health Providers

In the private sector, the HIV services will be delivered by participating private hospitals; community maternity/nursing homes; community/private pharmacies; private clinics (individual and group practice); faith-based and affiliated institutions, across the Kenya Essential Package for Health (KEPH) Levels of Care. Refer to Annexe 1 for the matrix containing an outline of the scope of services at each KEPH Level.

To participate in the engagement, private health facilities, and pharmacies will be enlisted on an opt-in basis to providers who indicate the willingness to provide the services and meet the following set criteria; -

- Qualified, and certified health provider(s);
- Registered and licensed by relevant regulatory authority/agency;
- Master Facility List (MFL) code;
- Facility assessment checklist for baseline and eligibility criteria;
- Established or willing to establish a health information management system;
- Good and regular standing with the respective regulatory body and professional associations;
- Letter of Commitment (LoC) or implementation letter/ service agreement. The national level facilities will formalize agreements with the MOH, while the rest of the facilities, at KEPH Level 2-5 will sign with the County Governments.

1.8.3 Health Service and Product-Related Pricing

Currently, HIV services in the private sector are provided at variable market rates, while in the public sector, they are offered at no cost to clients and PLHIV. Collaboration between the two sectors will enable clients and PLHIV to receive government-supplied health products in the private sector. To achieve this, the following guidelines will be used: -

- Private Providers will be able to charge a nominal, and reasonable user/consultation fee for the provision of HIV services, sample collection, and transportation.
- Product retailers who are supplied with government-sourced commodities will not be allowed to sell them.
- Any incurred charges will be incremental (marginal) costs to cater to various service inputs such as dispensing fees, skilled labour, inventory control, storage space, and utilities.

- Health products sourced by the private sector from private wholesalers will continue to be provided at market rates.
- Recovery of service-related costs may be undertaken by providers from the clients, PLHIV, or their medical insurance companies.

1.9 Target Audience and Stakeholders

The target audience for this framework includes the following actors: -

1. Networks of beneficiaries such as the National Empowerment Network of People Living with HIV and AIDS in Kenya (NEPHAK).
2. Ministry of Health
    a. National AIDS/STI Control Program (NASCOP)
    b. National Syndemic Diseases Control Council (formerly National Aids Control Council (NACC))
    c. National Public Health Laboratories (NPHLs)
    d. Regulatory bodies
    e. Other relevant MOH directorates, departments and agencies.
3. Council of Governors
4. County governments: Departments of Health
5. Private players
    a. Pharmacies;
    b. Hospitals;
    c. Individual practitioners;
    d. Laboratories;
    e. Manufacturers;
    f. Procurement and supply chain agencies such as MEDS,
    g. Insurance providers;
6. Public health and faith-based facilities;
7. Public sector procurement agency- Kenya Medical Supplies Authority (KEMSA);
8. Professional bodies;
9. Development partners;
10. Implementing partners;
11. Regulatory Bodies;
12. National Hospital Insurance Fund (NHIF);
13. Private Sector Medical Insurance Providers; and
14. Kenya Medical Research Institute (KEMRI).

1.10 Benefits and Incentives of the Public-Private Engagement

Implementation of the Framework attracts key benefits for both the private and public sectors. Some of these include: -

1.10.1 Benefits for persons seeking HIV prevention, care, and treatment services

1. Increased convenience in accessing HIV prevention, care, and treatment services;
2. Improved health outcomes due to the provision of quality health services;
3. Potential reduction in travel and/or waiting cost;
4. Expanded options for service access to meet clientele preferences;
5. Satisfactory meeting of unmet needs, such as; confidentiality, flexibility, and quality perception;
6. Potentially improved adherence to clinic appointments among PLHIV and reduced loss to follow-up; and
7. Increased client satisfaction with services

1.10.2 Benefits for Private Sector Providers

1. Increased clientele that will result in increased income for private-sector health providers;
2. Enhanced competence capacity of private sector human resources for health to provide HIV care and treatment;
3. Enhanced visibility of the private sector in HIV service provision;
4. Enhanced collaboration with the public sector in HIV planning and programming;
5. Inclusion of the client numbers into the national statistics for documentation and planning purposes; and
6. Increased access to various ARV medicines and formulations, previously not available in the sector.

1.10.3 Benefits for Public Sector

1. Strengthened referral and resource-sharing mechanisms between the public and private sectors;
2. Strengthened knowledge and information sharing between public and private sectors;

3. Expansion of coverage of services to populations that remain unreached;
4. Improved client-provider interaction and service provision;
5. Cost savings to the public sector from reduced client load;
6. Potentially generate domestic resources for health in the face of declining donor resources;
7. Improved follow-up, tracking, and record-keeping for the generation of HIV data; and
8. Access to Data Analytics available through the private sector.

1.11 Goal and Strategic Objectives

The goal of the private sector engagement is to leverage public-private collaborations and resources, to increase access to delivery of quality HIV services, and contribute to HIV epidemic control in Kenya.

1.11.1 Strategic Objective 1: Increase access to affordable, quality client-centred HIV services in the private sector

Specific Objectives

1.1 To increase access to affordable HIV prevention, care, and treatment services

1.2 To increase access to Health Products and Technologies for HIV Services

1.3 To increase access to laboratory services for HIV prevention care and treatment

1.11.2 Strategic Objective 2: Ensure Effective Leadership, Governance, and Institutionalization

Specific Objectives

2.1 To strengthen coordination of PSEF interventions at National, and County levels.

2.2 To strengthen institutional and regulatory frameworks to sustain the PSEF objectives.

2.3 To mitigate potential risks to the institutionalization of PSEF.

1.11.3 Strategic Objective 3: Enhance awareness creation, knowledge, and information sharing

Specific Objectives

3.1 Enhance awareness, participation, and ownership of Kenya's HIV response among persons seeking HIV services and stakeholders.

3.2 To strengthen the capacity of the private sector to provide standardized, quality HIV care services.

3.3 To strengthen HIV service data management between the public and private health sectors

3.4 To promote and standardize monitoring and evaluation implementation of the PSEF

M.O.H.

Increase Access to Quality HIV Services

Strategic Objective 1: Increase access to affordable, quality client-centric HIV services in the private sector

Increasing access to affordable, comprehensive client-centric HIV services is a win-win solution for the public and private health sectors and recipients of the services.

To support the scale of services in the private sector, MOH will provide technical support to KEPH Level 6 facilities and County Governments. Facilities at KEPH 2-5 will receive technical support from respective county health management teams, in line with the Constitution.

2.1 Thematic Area 1: Increase access to affordable HIV prevention, care, and treatment services

2.1.1 Scope of services

The scope of HIV services to be provided includes: -

1. **Prevention:** HIV testing services (HTS), linkage to other combination prevention interventions (condoms, voluntary medical male circumcision (VMMC), Pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and elimination of mother-to-child transmission of HIV, congentital syphilis and Hepatitis B;
2. **Care & Support:** minimum package of care including; screening, prevention, and management of opportunistic infections (OI) and non-communicable diseases (NCDs), nutritional support, Reproductive Health, bi-directional referral, and connections; and
3. **Treatment:** Anti-retroviral treatment (ART), adherence support and monitoring, medication therapy management for PLHIV on other medication.

Expected Outcomes

1. *Increased access to affordable quality HIV services in the private sector*
2. *Improved patient outcomes including sustained viral suppression*
3. *Improved Client satisfaction*
4. *Reduced HIV related mortality*

2.1.2 Implementation approaches

To support scale-up to HIV prevention, care, treatment, and support services: -

1. MOH will support counties to establish HIV service delivery hubs and networks to facilitate coordination, capacity building, workload, and commodity management;
2. Private providers will collaborate with the MOH to offer services based on the most current national guidelines. This will ensure HIV services are standardized along the care continuum and across the country.;
3. Private providers will keep track of PLHIVs under their care who are accessing treatment and those who default on treatment using various innovative mechanisms and submit reports to MOH through KHIS periodically. The providers will also be expected to reintegrate treatment interrupters back into care; and
4. Private providers will also participate in reporting adverse reactions to medication and any product quality issues using the Guidelines of the National Pharmacovigilance System.

2.1.3 Expected outcomes

1. Increased access to and uptake of HIV prevention, care, and treatment services;
2. Increased access to client-centric comprehensive HIV services that are characterized by flexibility, affordability, convenience, privacy, reduced time spent in seeking services and travel;
3. Reduced incidence of HIV infection;
4. Strengthened capacity of private sector practitioners to provide HIV services.
5. Improved patient outcomes as will be evidenced by viral load suppression, retention in care, and reduced comorbidities;
6. Client satisfaction;
7. Improved integrated client-centric HIV services provided across the health sector; and
8. Reduction of barriers to access while providing responsive avenues for prevention interventions (access to post-exposure prophylaxis (PEP) and PREP);

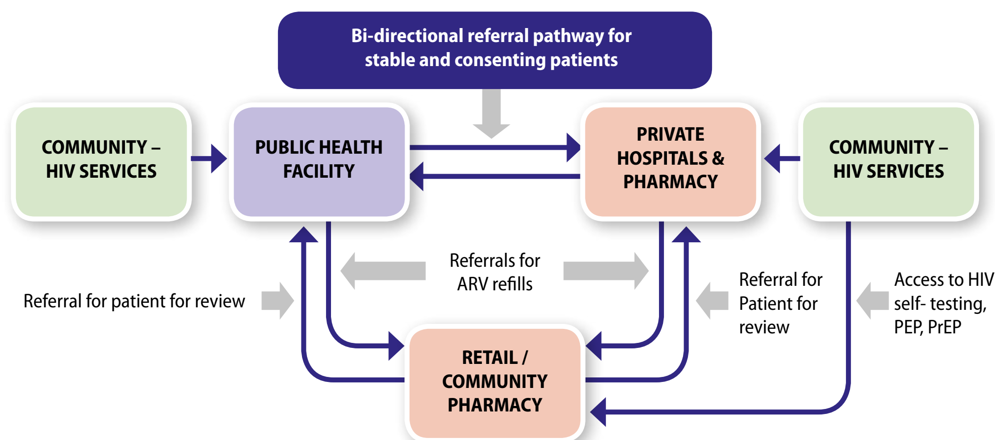


Figure 1. Client Pathway for Comprehensive HIV Services

2.2 Thematic Area 2: Increase Access to Health Products and Technologies for HIV Services

2.2.1 Scope of Services

1. **HIV Product Dispensing and Related Services**
   The scope of HIV services to be provided in the private sector facilities/pharmacies will include:
   a. **Provision of HIV products** through the private facilities and retail/community pharmacies from the national public supply chain to include: -
      - Commodities for HIV prevention-HIV test kits, PrEP, PEP, and condoms
      - Antiretroviral medicines and related medicines for prophylaxis of comorbidities
      - Other products such as family planning, tuberculosis, and NCD treatment may ride on this model to benefit PLHIV enrolled and in need of the products

   b. **Adherence Monitoring, defaulter tracking, and medication therapy management** to ensure the best therapeutic outcomes for the clients and ART patients.
   c. **Pharmacovigilance, Adverse Drug Reaction (ADR),** and Quality of Products Reporting and using the National Pharmacovigilance System

2. **Access to HIV Products and Supplies Through Pooled Procurement Mechanisms**
   Pooled Procurement increases purchasing power and efficiencies resulting in competitive pricing, which significantly reduces health product costs to clients. Additional benefits include improved quality assurance, standardization in drug selection and use, shared learning, opportunity for coordinated training, research, monitoring and evaluation, confidence building with suppliers, and increased supply equity across markets (Barton I, et al. 2022).

   The establishment of a pooled procurement system will entail the private sector actors organizing themselves into institutional arrangements that facilitate the consolidation of their commodity needs. Additionally, there will be a need for the development of health product pricing and optimization models. Examples of pooled procurement modalities include; -
   a. Leveraging the public sector existing mechanisms e.g. Kenya Medical Supply Authority (KEMSA);
   b. Pooled procurement through institutional arrangements with faith-based organizations (FBO) such as Mission for Essential Drugs and Supplies (MEDS);
   c. Collaboration of public and private sectors to negotiate reduced and affordable prices directly from manufacturers;

2.2.2 Implementation Approaches

1. To facilitate access to affordable quality HIV products and technologies, MOH will give technical support to County health management teams, to identify and onboard participating retail/community pharmacies. Preferably, these community pharmacies should have a large/widespread presence around the country. The pharmacies will be paired with public facilities within their catchment area, thus forming a hub and spoke model. The satellite private pharmacies will receive ARVs for dispensing to stable PLHIV who choose to pick up their medication from them.
2. County Management teams will engage public or faith-based health facility hubs to consolidate all dispensing site medicine requirements and orders for resupply from KEMSA on a timely basis.
3. MOH will set up a technical working group on pooled procurement to negotiate with manufacturers or suppliers ARVs and other supplies, for bulk purchase discounts based on consolidates of forecasted consumption quantities in the private sector nationally.
4. MOH will roll out an HIV commodity management information system with an interoperability layer with private sector provider Electronic Medical Records Enterprise resource planning (ERP) systems that incorporate messaging, and financial reporting features; and
5. Partner with the private sector in research and development for HIV health products and new technologies
6. MOH will advocate for in-country manufacturing of affordable health commodities.

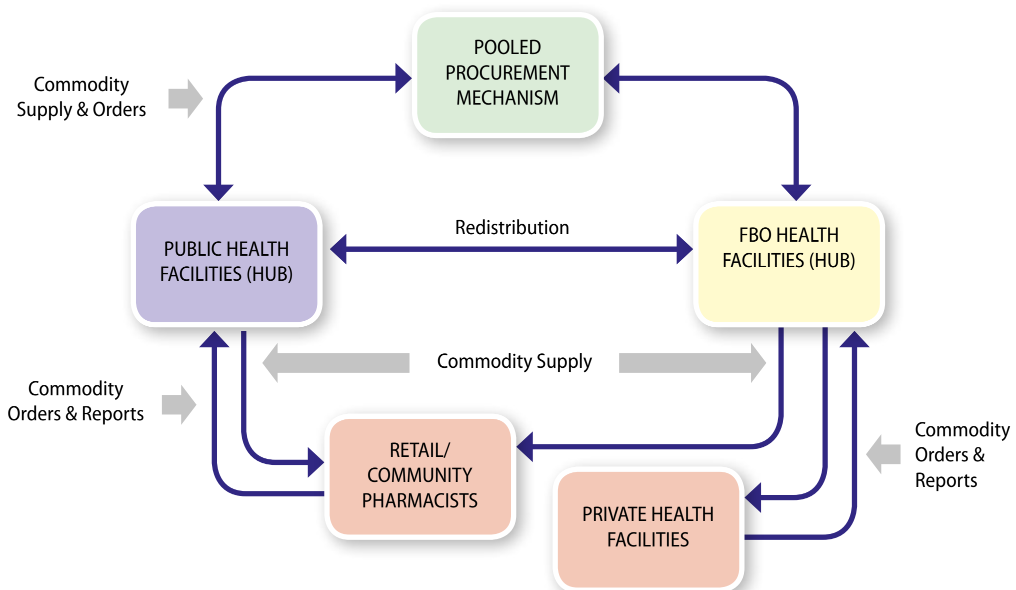


Figure 2: Health Product Pathway

2.2.3 Expected outcomes

1. Increased availability and accessibility to affordable, quality medicines and health supplies in the private sector;
2. Appropriate utilization of health commodities to ensure desired patient outcomes and safety of clients;
3. Increased uptake and use of national HIV service guidelines resulting in the standardization of HIV service delivery in both the public and private sectors;
4. Increased clientele seeking HIV services, leading to market shaping. This in turn, will contribute to addressing the pricing of HIV commodities and cost of services to clients;
5. Enhance HIV-related information sharing to assist in national planning and programming for both the public and private sectors; and
6. Promote knowledge sharing and transfer.

2.3 Thematic Area 3: To Increase Access to Laboratory Services for HIV Prevention, Care, and Treatment

Access to laboratory services is critical to ensuring the HIV epidemic response is sustained at optimal levels at both the individual patient and population levels. It is often the weakest link in the spectrum of care due to the high cost of required inputs. Yet, laboratory services are a critical link to determining patient-specific antiretroviral regimens and treatment success. This framework seeks to strengthen access to laboratory services by initially setting up decentralized sample collection, centralizing sample analysis, and efficiently communicating the results to respective points of care. By roping in the private sector, there exists the opportunity to share and maximize available resources.

2.3.1 Scope of Services

The scope of laboratory diagnostic and monitoring tests to be conducted includes: -

1. HIV Testing Services (HTS);
2. Early Infant Diagnosis (EID);
3. CD4 level testing;
4. Viral Load testing; and
5. Drug resistance sequencing.

2.3.2 Implementation Approaches

1. **Decentralizing sample collection (short-term period).** Clients will benefit from decentralized sample collection outside the facility as it is time-saving and convenient. Private Sector entities will provide sample collection services at clients' choice of venue and time. Thereafter the samples will be transported to the laboratories within the Ministry of Health's defined network. Results will be

relayed to the client, treating clinician, or health facility electronically and/or using innovative solutions.

To facilitate this initiative, MOH will, jointly with the relevant stakeholders, develop requisite documents and Standard Operating Procedures (SoPs).

2. **Increase access to affordable and quality diagnostic and monitoring testing** (medium to long term period) Jointly with stakeholders, MOH will develop strategies with the sector to make services affordable, such as: -

   a. Embrace the use of innovative point-of-care technology (POCT);

   b. Service level agreements and access initiatives on pricing and the package of services;

   c. Pooled procurements coordinated by private sector players or through institutional mechanisms;

   d. Expand access to laboratory testing through extended working hours including 24-hour laboratory services provided over the weekend and after working hours at a negotiated service fee;

   e. Identify and collaborate with under-utilized private or FBO laboratories to offer laboratory sample testing and sample analysis; and

   f. Leverage the services offered by public sector regional referral laboratory hubs to offer testing services to private providers at access rates.

Expected Outcomes

1. ***Increased access to affordable quality HIV diagnostic and monitoring services***
2. ***Strengthened laboratory networks***
3. ***Enhanced collaboration between the public and private sectors in the space.***

3. **Strengthening digital health for laboratory services to enhance service provision.** Leverage technology to improve the client-provider interaction by establishing digital platforms to support client access to laboratory services such as booking, tracking of samples, access to results, and e-consultation; and

4. **Establish and strengthen laboratory networking and referral mechanisms** between public and private institutions. Institute innovative mechanisms to increase access and share laboratory results between private and public service providers, for seamless service provision.

a. Operationalize and interphase laboratory diagnostic systems through bi-directional testing and transmission of test results referrals between public and private institutions

b. Institute a mechanism of bi-directional cross-referral between the private and public sectors using the National Unique Patient Identifier, including the transmission of results; and

c. Explore access initiatives through collaboration with suppliers.

2.3.3 Expected Outcomes

1. Improved access to laboratory services through the engagement of the private sector;
2. Increased collaborations and participation of private health providers in the HIV and AIDS response;
3. Improved laboratory testing networks across public and private providers;
4. Improved affordability as a result of negotiated costs; and
5. Improved portability and access to laboratory data.

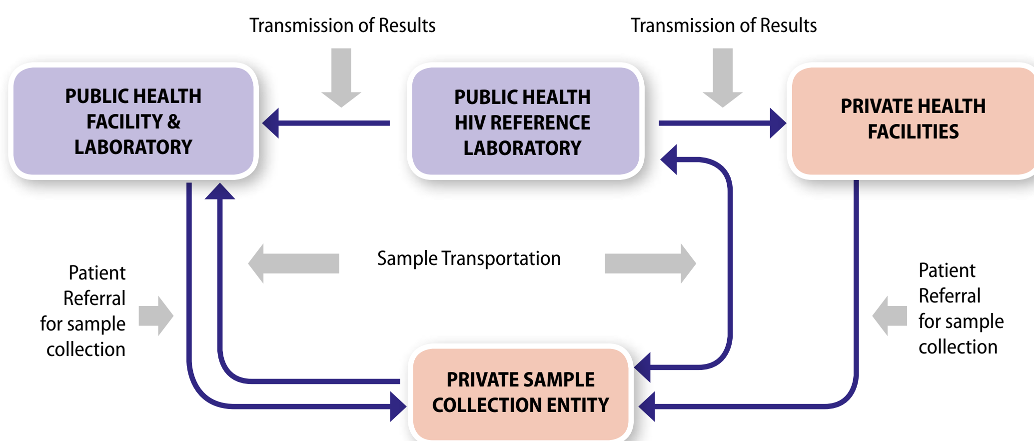


Figure 3: Laboratory Services and Commodity Supply Pathway

Leadership, Governance and Institutional Framework

County Government Representatives

Recipients of HIV Health Services

Government Representatives

Non-Governmental Organisations Representatives

Private Sector Representatives

Faith-based organisation

Leadership, Governance and Institutional Framework

Strategic Objective 2: Ensure effective leadership, Governance, and an Institutional Framework

Successful implementation and sustainability of the envisioned collaboration will be achieved with the establishment and management of leadership and governance structures. The coordination mechanisms envisioned will be implemented at the national and county levels. These mechanisms will be multi-sectoral technical working groups that will oversee, monitor, and evaluate implementation. They will be expected to establish institutional structures to facilitate smooth implementation. Further, they will identify risks, threats, and obstacles and devise strategies to mitigate them.

3.1 Coordination and Governance Mechanism

Coordination and governance mechanisms at national and county levels will be strengthened in line with existing policies and regulatory frameworks.

3.1.1 Coordination Structure

The coordination mechanisms will be spearheaded by the Ministry of Health (MoH), co-chaired by private sector selected representatives and be convened by NASCOP.

At the National level, the Ministry of Health will provide leadership, coordinate guideline development, and relevant capacity building jointly with the various stakeholders. The multi-sectoral technical working groups (TWGs) will include relevant MOH departments and agencies, COG, private players, networks of people living with HIV, regulatory and professional bodies, and development and implementing partners. The TWGs will report to the Director General of Health and other MOH policymakers.

At the County level, the County Health management team will establish acounty-level coordination structures to oversee implementation and service delivery. The county-level Technical Working Group will comprise the county health departments, private health sector organizations, professional bodies at county level, implementing partners, and networks of PLHIV. The county TWG will report to the respective County Directors of Health/Chief Officer of Health as determined by the county Health leadership.

3.1.2 Roles and Responsibilities of Stakeholders

Each of the PSEF actors and stakeholders has various roles and responsibilities to play for the successful implementation of the Framework as shown in Table 1 below: -

Table 1: Roles and Responsibilities of Stakeholders

Sector / Party	Institution	Roles and Responsibilities
Ministry of Health	NASCOP National Syndemic Diseases Control Council (formerly NACC) National Public Health Laboratories Regulatory bodies	• Spearhead establishment of coordinating mechanisms • Serve as the secretariat to the private sector engagement • Provide adequate information on HIV service delivery engagement areas and their projected impacts. • Capacity build the private sector on HIV service delivery and providing updates on emerging issues • Create an enabling institutional, market, and regulatory environment for private-sector investment • Engage the private sector in HIV policy development and programming • Support the private health sector to access affordable health products and technologies • Social mobilization and demand creation
County governments	Council of Governors Counties	• Establish and maintain coordination mechanisms at the county level • Guide implementation of services at the County level • Provide oversight to service delivery at the county level. • Include private sector players in key committees and TWGs for HIV service delivery • Collaborate with the private sector in the provision of capacity building. • M&E of service delivery in support of the PSEF • Community mobilization for demand creation

Sector / Party	Institution	Roles and Responsibilities
Private sector players	Individual clinics, Nursing Homes, Hospitals, Pharmacies, Laboratories, Umbrella organizations Logistics, Warehousing, and supply chain service providers	• Support the implementation of the PSEF • Support and participate in monitoring, evaluation, and reporting on HIV service delivery • Provide information to help make informed decisions • Mobilize technical resources to contribute to the efforts of the government • Communicate and create awareness of HIV service delivery through various umbrella organizations • Increase funding and investment in HIV service delivery towards access to affordable HIV services. • Support cascade of training in line with national guidelines. • Submit client data and reports to MOH through KHIS • Jointly with the MOH establish a clear referral system
Networks of people living with HIV		• Advocacy and community mobilization • Provide and facilitate feedback from clients and PLHIV • Demand creation • Collaborate with the government and other stakeholders in the development of guidelines
Regulatory Bodies		• Quality Assurance • Regulation of services, providers, facilities, health products, and technologies • Standardizing continuous medical education training and certification • Support the selection of private health providers
Professional Bodies/ Associations		• Sensitize members • Advocacy • Collaborate with the government as a stakeholder in the development of operationalization guidelines, materials, and tools • Liaison with National and County governments and other relevant partners

Sector / Party	Institution	Roles and Responsibilities
Development Partners		• Coordination of funding • Technical Assistance • Capacity Building
Implementing Partners		• Support operationalization of Framework in their respective focal areas • Capacity Building

3.2 Institutional and Policy Frameworks

Implementation of the PSEF will necessitate changes in the current institutional and regulatory framework that governs the health sector. Further, it will require the development or revision of key policies, regulations, guidelines, and tools.

To strengthen the institutional framework, the following will be conducted: -

1. Advocate for the recognition of retail/community pharmacies as integral contributors in the health sector. This is an important step in increasing access to health products. It will necessitate: -

    a. Review relevant regulatory and policy documents, such as the Health Act 2017 (1st Schedule), Kenya Health Policy 2014-2030, Kenya Health Master Facility List (KHMFL) and Kenya Essential Medicines List (KEML 2019). ; and

    b. Allocation of MFL codes to foster service delivery, receipt of health commodities and routine reporting of health services utilization data;

2. Develop clear criteria and tools for selecting participating retail/ community pharmacies, including requisite infrastructure (such as counselling rooms/booths);

3. Advocate for the inclusion of HIV service provision for pharmacies, including the sale of HIV self-testing kits, medicines for PrEP, PEP, and ART;

4. Develop guidelines, tools, and standard operating procedures (SoPs) for PrEP/PEP initiation at retail private pharmacies;

Expected Outcomes

1. ***Enabling policies for success implementation of the PSEF in place***
2. ***Strengthened institutional framework to support implementation of PSEF***
3. ***Mitigate potential risks and threats.***

5. Advocate for the inclusion and/or enhancement of HIV services covers in NHIF and private sector health insurance packages;

6. Advocate for recognition of laboratory test results among various service providers. This will be effected through: -
   a. Joint development and use of standardized laboratory operational manuals and standard operating procedures; and
   b. Standardizing result reference ranges and interpretation;

7. Establish a network of approved laboratories; and

8. Inter-lab QA comparisons among public and private through joint External Quality Assurance (EQA)

3.3 Risks and Mitigation Strategies

Implementation of the Framework is likely to encounter risks that will be important to mitigate or address for sustainability. Below, Table 2 outlines the possible risks and the mitigation strategies.

Table 2: Risks and Mitigation Strategies

Risk	Mitigation Strategies
Access to services interruptions for PLHIVs	• Strengthen referral mechanisms
Stigma, confidentiality, and breach of data privacy	• Continuous sensitization on the Data Protection Act • Sensitization of healthcare providers on confidentiality • Promote use of control and access rights Monitoring and evaluation
Acceptability of the approach by the recipients of care	• Working with recipients of care as advocacy agents to scale implementation
Loss of income due to the stigma associated with HIV service provision	• Introduction of an integrated and comprehensive array of services (e.g. PrEP/PEP, reproductive health (RH) services-E-pill)

Risk	Mitigation Strategies
Compromise to quality of services due to various reasons such as provider attitude and inadequate capacity	• Provision of continuous technical assistance, mentorship, inclusion in the national, regional & country operating plans and community of practice networks
Misuse and failure to account for health products by some providers	• Allow for a reasonable and nominal dispensing fee • Institute robust product monitoring systems (electronic data capture & reporting) • Training of health care providers • Robust supportive supervision • On-board facilities that are in good and regular standing with their regulatory authority • Service level agreements • Institute high penalties to deter misdemeanours
Non-adherence to service charges that were agreed upon	• Clients should be informed of the cost of medication and consultation/dispensing fees. • Develop a mechanism for enforcing the charging of nominal fees. • Develop service-level agreements that are legally binding and contain penalties.
Extra regulatory requirements	• Create ownership among actors and demonstrate the benefits of the initiative
Evolving legal and policy environment	• Continuous advocacy and collaborations with government and key stakeholders to sustain implementation arrangements for the framework. • Adaptability and review of the legal and policy framework changing demand (clients) and supply (private providers) dynamics
Fees charged in the private sector may be prohibitive to the adoption of the services	• Negotiate service charges in insurance schemes and private sector actors • Involve the relevant professional associations and boards to participate in determining service charges and infrastructure requirements of pharmacies

Risk	Mitigation Strategies
Fragmented business models in private institutions' laboratories would bar possible areas of engagement.	• Mapping of lab services on private provider muscle
Inability to influence staffing and capacities in private settings for departments e.g., Lab sections that would require additional support.	• Institute continuous medical education • Advocate for the use of multiplexing platforms
Access to laboratory services is interrupted	• Strengthen referral mechanisms between the implementing providers

Awareness Creation, Knowledge, and Information Sharing

Strategic Objective 3: Enhance awareness creation, knowledge, and information sharing

Awareness creation, knowledge, and information sharing are key to: -

- building ownership;
- creating demand; and
- supporting harmonized services.

MoH shall collaborate with the private sector and other stakeholders to conduct initiatives that foster awareness creation, knowledge, and information sharing.

4.1 Social Behavior Change Communication and Social Marketing Techniques

Development and scale-up of social behaviour change communication (SBCC) and social marketing techniques are important tools for creating demand among the public and service recipients including PLHIV. A sensitized populace will promote the initiative and benefit from it.

Demand creation techniques will also target healthcare workers offering HIV services for effective referral of PLHIV and clients who may want to utilize private health services. These techniques will facilitate bi-directional referral for the successful implementation of the PSEF initiative.

Culturally appropriate demand-creation strategies will need to be developed at the county level and in close collaboration with the respective service delivery partners, networks of PLHIV, and community leaders. To increase the demand for the services, the following will be implemented: -

1. Advocacy among networks for people living with HIV to take advantage of the PSEF.
2. Sensitizing Clients and PLHIV to enrol into insurance schemes that cover HIV services;
3. Develop Information, Education, and Communication (IEC) materials to inform on the existing alternatives in the private sector and outline the benefits of the decentralized model. These materials will be circulated to clients and PLHIV; and
4. Hold forums to present a business case for the private sector involvement and ownership.

Successful SBCC will positively impact the uptake of HIV services in the private sector and enhance public-private collaboration.

4.2 Capacity Building of Private Providers

Capacity building activities will be undertaken for participating private sector providers in support of harmonized healthcare services that are in line with the national HIV response. This will facilitate standardizing the provision of services, information sharing, monitoring, and reporting.

The following are some of the capacity-building activities to be undertaken: -

1. Continuous training - preferred hybrid (physical/virtual) platform (including self-learning) for private entities - aligned to National Prevention/ART Guidelines;
2. Facilitate establishment/strengthening of regional HIV training hubs to run short in-service online/face-to-face courses tailored to meet the identified needs;
3. Dissemination of national guidelines and any updates;
4. Training of community pharmacy providers on ART, adherence counselling, commodity management, communication skills, and patient confidentiality;
5. Training on health commodity and supply chain management, reporting, and record keeping on clients and PLHIVs;
6. Training on laboratory services including LMIS;
7. Orientation on sample forums for knowledge exchange, benchmarking, feedback, and mentorship;
8. Facilitate continual peer-to-peer mentorship off- or on-site engagements;
9. Develop a county-based telemedicine platform to offer private providers access to clinical decision support; and

Expected Outcomes

1. ***Social demand for PSEF and use of private sector facilities***
2. ***Enhanced capacity for delivery of quality HIV service delivery***
3. ***Enhanced data management and use for coordinated HIV response***
4. ***Sustainability of PSE ensured.***

4.3 Health Information Management Reporting between the public and private health sectors

The public and private sectors will collaborate in institutionalizing management information systems (MIS) and tools that will foster timely, quality reporting and M&E activities. This initiative will leverage existing routine monitoring and evaluation, operational research, and surveillance systems. Implementation of the MIS will enhance transparency, accountability, and ownership. Additionally, generated information will be used to strengthen PSEF implementation.

MOH will define the routine data capture and reporting needs to ensure that service utilization & health products consumption information from all the participating entities is standardized in line with the national HIV reporting system. Health facilities and pharmacies will maintain data (paper-based and/or digital) on patients who come for HIV services and ARV refill pick-ups and those who miss appointments. They will submit these data to the relevant health facilities (county, sub-county, and FBO hospitals) that serve as hub facilities. All the facilities will be expected to maintain confidentiality while handling patient data.

Leveraging innovative Electronic Medical Record (EMR) solutions have several advantages, including: -

1. Linking referring health facilities to the service delivery points, such as retail/community pharmacy, for ease of information sharing;
2. Foster implementation of interoperable systems; and
3. Achieve efficiencies in data collection, collation, analysis, and reporting or evidence-based decision-making.

The information that will be generated from data provided by both the public and private sectors will be shared among stakeholders, and be used to document progress toward achieving the 95-95-95 targets.

The data requirements for HIV prevention, care, and treatment services are as follows: -

1. Routine service utilization data will be required every month, such as the number of clients and services provided, commodities utilized, laboratory samples collected, and results of selected laboratory tests;
2. Pharmacovigilance and adverse reactions reports;
3. Procurements conducted and the commodity volumes from pooled procurement undertakings.

4.4 Monitoring and Evaluation

The National and County levels jointly with stakeholders will develop implementation plans in line with their roles and responsibilities. These plans will also have corresponding monitoring and evaluation matrices to facilitate documentation of PSEF uptake.

The monitoring systems will contain process and outcome indicators that will assist in demonstrating progress periodically and informing change. The MoH at the national and county level will spearhead the development of data collection and reporting tools, submission, and feedback structures. Additionally, the evaluation will be carried out periodically in both public and private facilities to determine the impact of implementing PSEF.

More specifically, a robust results-based monitoring and evaluation (M&E) system will be instituted to track and monitor progress on the implementation of the Framework, as follows: -.

- Monitoring will involve conducting periodic support supervision visits at national and county levels jointly with stakeholders.
- Baseline, mid-term, and end-term evaluation along with measuring indicators for the thematic areas will be conducted.
- Operational research

The findings of the M&E activities will support adherence to strategic priorities of the PSEF, inform scale-up, and strengthen implementation of the PSEF initiative, and document uptake, client satisfaction, and quality of services.

Table 3 below outlines the M&E indicators and outcomes.

Table 3: Monitoring and Evaluation Matrix

Objective	Monitoring Indicators	Expected Outcome	Timeframe
Assess the level of satisfaction among clients accessing HIV services at private facilities & community pharmacies	Client satisfaction index disaggregated by the health sector	• Increased level of satisfaction among clients accessing HIV services in both public and private sectors. • Retention of PLHIV in both sectors	Every 24 months
Increased access to HIV Services delivery in the private sector set up	No. of private health facilities offering clinical HIV services	• Private health facilities providing clinical services • Progressive uptake of PSEF	Annually
	No. of retail/ community pharmacies on-boarded	• Retail pharmacies providing HIV services • Progressive uptake of PSEF	Annually
	No. of laboratory sample collection entities	• Laboratory sample collection is decentralized • Progressive uptake of PSEF	Annually
	Average copies of HIV particles detected among clients receiving ART at private facilities	• Increased percent of PLHIV virally suppressed	Annually
Effective Leadership and Institutional Framework for PSEF	Percentage of Counties with functional coordination structures	• Improved coordination of PSEF by counties	Quarterly
Enhance awareness creation, knowledge, and information sharing for effective private-sector engagement	Percentage of trained on-boarded private health providers providing HIV services disaggregated by cadre	• Percent of PLHIV managed using national guidelines	Annually

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Annexe 1: Scope of Services by KEPH Level

Table 4: Illustrative Scope of Services by KEPH Level

Component of HIV Care Continuum	Community: Peer Support Groups, CARGs, Private Counsellors	Level 2: Clinic, Medical Centre, Stand-alone Laboratory, Imaging center	Level 2: Retail/ Community Pharmacy,	Level 3: Health Centre, Maternity/Nursing Home	≥ Level 4: Primary Care Hospital; County Referral Level Hospital
Prevention	Peer Education and Counselling, Risk Assessment, Condoms, Lubricants	• Risk Assessment/ SGBV Screening & Counselling, VMMC, PrEP, PEP, Condoms, Lubricants, Partner Notification,	• Risk Assessment HIV testing, PrEP, PEP, Condoms, Lubricants,	• Risk Assessment/SGBV Screening, Counselling, PrEP, VMMC, PEP, Condoms, Lubricants, Partner Notification	• Risk Assessment/SGBV Screening, Drug Use Screening, Counselling, PrEP, HTS, VMMC, PEP, Condoms, Lubricants, Partner Notification,
Diagnosis/ Treatment Monitoring	Referral	• HTS; EID; TST, CXR, mWRD (GeneXpert MTB), Viral Load, CD4 testing, Laboratory sample collection, Pharmacovigilance, • Adverse drug reaction reporting,	• Laboratory sample collection, • Pharmacovigilance, • Adverse drug reaction reporting,	• HTS; EID; TST, CXR, mWRD (GeneXpert MTB), Laboratory sample collection	• HTS; EID; TST, CXR, mWRD (GeneXpert MTB); • Drug resistance sequencing, Viral Load, CD4 testing,

Component of HIV Care Continuum	Community: Peer Support Groups, CARGs, Private Counsellors	Level 2: Clinic, Medical Centre, Stand-alone Laboratory, Imaging center	Level 2: Retail/ Community Pharmacy,	Level 3: Health Centre, Maternity/Nursing Home	≥ Level 4: Primary Care Hospital; County Referral Level Hospital
Care, Treatment & support	Follow-up and return defaulters to treatment	• ART Initiation, TB Screening, TB preventive therapy, • Follow-Up Consultations, clinical & bi-directional referrals, ART Refills, • NCD & OI screening and management, Nutritional support	• ART refill, • Bi-directional Referral, • medication therapy management,	• CD4 Testing, ART Initiation, TB Screening, TPT, TB Treatment, Follow-Up Consultations, clinical referrals, ART Refill, Referral for PSS; • Family Care Package, NCD & OI screening, and management,	• CD4 Testing, VL Testing, ART Initiation, TB Screening, TPT, TB meds, Follow-Up Consultations, ART Refill, Follow-Up, ART, NCD & OI screening and management, Rationalization; • Family Care Package
Viral Suppression & Retention in Care	Adherence Counselling, Follow-up, and return defaulters to treatment	• Adherence Counselling, Follow-Up • Laboratory sample collection. • Defaulter tracing, • Referral for Psychosocial support counselling (PSS)	• Defaulter tracing, • Adherence Counselling, Referral for Psychosocial counselling (PSS)	• Follow-Up Blood Draw for VL Testing, Enhanced Adherence Counselling, Referral for PSS	• VL testing, Enhanced Adherence Counselling, Referral for Community and PPS services
Related Health Systems Requirements	• **HRH:** Accredited/Registered Counsellors, HTS Counsellors, Clinician Care Team; Adherence Counsellors, PSS Counsellors, Clinical Care Team • **Commodities:** HIV test kits, EID Kit, Condoms, VMMC Kits, Prophylactic ARVs, Lubricants, TST reagents, GeneXpert cartridges Products/Technology: digital X-ray, CXR CAD, GeneXpert equipment CD4 Testing capacity, Reagents/Consumables for Laboratory Monitoring of Haematology, Clinical Chemistry, Immunology parameters, Parasitology, VL testing, ARVs, anti-TB meds, • **Health Info:** MOH-compliant Reporting, SMS messaging, NASCOP-compliant reporting,				

Key: CARGs = Community ART Groups, AYP = Adolescents and Young People, SGBV = Sexual and Gender Based Violence, VMMC = Voluntary Male Medical Circumcision, PrEP = Pre-exposure prophylaxis, PEP = Post Exposure Prophylaxis, HTS = HIV Testing Services, EID = Early Infant Diagnosis, TST = Tuberculin Skin Testing, TPT = Tuberculosis Preventive Treatment, CXR = Chest X-ray, mWRD = molecular WHO-recommended rapid diagnosis test for TB, RTKs = rapid diagnostic test kits for HIV, GXP = GeneXpert, PSS = Psychosocial support counselling, = VL Viral Load Testing, DR Sequencing = Drug Resistance sequencing

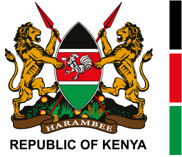
Annexe 2: List of Contributors

	Name	Organization
1	**Abner Mogire**	NEPHAK
2	**Abraham Katana**	CDC
3	**Andrew Mulwa**	Ministry of Health (MoH)
4	**Brenda Obondo**	Kenya Medical Association
5	**Dhimin M Nzoya**	USAID
6	**Daniel Were**	JHPIEGO
7	**David Khaoya**	Health Policy Plus
8	**Deborah Ikonge**	MoH-NASCOP
9	**Dennis Osiemo**	USAID
10	**Douglas Onyancha**	Africa Resource Center
11	**Dunstan Achwoka**	USAID
12	**Edmon Obat**	USAID
13	**Elizabeth Wala**	Kenya Healthcare Federation
14	**Emily Macharia**	Health Policy Plus
15	**Erick Mutua**	MoH-NASCOP
16	**Evans Imbuki**	MoH-NASCOP
17	**Evelyn Nganga**	CDC
18	**Grace Makau**	USAID/Kenya and East Africa Fahari ya Jamii Program
19	**Grace Muthoni**	NEPHAK
20	**Judy Makori**	MoH- Kiambu County
21	**Lazarus Momanyi**	MoH-NASCOP
22	**Leonard Soo**	USAID
23	**Lucas Nyabero**	Pharmaceutical Society of Kenya (PSK)
24	**Majorie Watetu**	MoH- Nakuru County
25	**Mary Wangai**	Technical Facilitator
26	**Maureen Inimah**	MoH-NASCOP
27	**Micah Anyona**	JHPIEGO
28	**Micheal Mungoma**	Pharmaceutical Society of Kenya (PSK)
29	**Mutinda Mutuku**	NSDCC (formerly) NACC

	Name	Organization
30	**Nancy Bowen**	Ministry of Health- National HIV Reference Lab
31	**Nazila Ganatra**	Ministry of Health
32	**Paul Ndambuki**	MoH-NASCOP
33	**Peter Odenyo**	NEPHAK
34	**Pius Mutuku**	MoH-NASCOP
35	**Rogers Omondi**	MoH-NASCOP
36	**Rose Wafula**	MoH-NASCOP
37	**Serah Malaba**	PSI Kenya
38	**Sharon Kipkosgei**	Kenya Health Federation
39	**Sospeter Gitonga**	MoH-NASCOP
40	**Susan Njogo**	Africa Resource Center
41	**Teresia Simiyu**	USAID
42	**Valerie Obare**	MoH-NASCOP
43	**Wambui Wamburu**	Pharmaceutical Society of Kenya (PSK)
44	**Willie Makau**	USAID/Kenya and East Africa Fahari ya Jamii Program

Reviewers:

	Name	Organization
1	**Bronwyn Timm**	Africa Resource Centre
2	**John Adungosi**	Health and Development Innovations
3	**Meboh Abour**	Council of Governors
4	**Ronald Inyangala**	Pharmacy and Poisons Board
5	**Susan Ross**	Office of Global Health, United States Agency for International Development
6	**Sylvia Mwelu**	Kenya Health Federation



Ministry of Health

National AIDS and STI Control Program (NASCOP)

Division of National AIDS and STI Control Program,
Kenyatta National Hospital Grounds
Email: info@nascop.or.ke
P.O. Box 19361 – 00202, Nairobi, Kenya

Website: www.nascop.or.ke

NATIONAL SYNDEMIC DISEASES CONTROL COUNCIL

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