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## Kenya

The following provides a summary of specific guidelines from the country's national guidance strategy. Use the jump links in yellow to access details on first-, second-, and third-line treatment regimens by patient population, in accordance with the WHO guidelines. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be found below the jump links for download.

### **Patient Population** [Download summary page as PDF](#) [E-mail this page](#) [Suggest Updates](#)

- [Adults and Adolescents Greater than or Equal to 15 Years](#)
  - [Adolescents 10 - 14 Years and Weight Greater than or Equal to 35kg](#)
  - [Children Greater than or Equal to 3 -10 Years and Adolescents less than 35kg](#)
  - [Infants and Children less than 3 Years](#)
  - [HIV Positive Pregnant and Lactating Women](#)
- 
-  [Guidelines on Use of Antiretroviral Drugs for Treating and Preventing HIV Infection \(PDF / 2 MB\)](#)

### **Adults and Adolescents Greater than or Equal to 15 Years**

#### **Year Issued:**

2014

#### **HIV/TB Co-Infection Addressed:**

Yes

#### **Criteria for Treatment:**

All patients with:

- CD4 count less than 500 cells/mm<sup>3</sup> irrespective of WHO stage
- All HIV-infected spouses and sexual partners in sero-discordant relationships irrespective of their WHO stage or CD4 cell count
- All HIV-infected adolescents and adults with WHO stage 3 and 4 disease irrespective of CD4 count
- All Hepatitis B Virus/HIV co-infected persons irrespective of CD4 count
- All TB/HIV co-infected persons irrespective of CD4 count

#### **Regimen Options:**

##### **First Line:**

Preferred: TDF\* + 3TC + EFV

HIV-infected sexual partner in a sero-discordant relationship:

TDF\* + 3TC + EFV

Pregnant women and breast feeding mothers:

TDF\* + 3TC + EFV

\*For patients with pre-existing renal disease initiating ART, ABC +3TC + EFV is preferred. No dose adjustments is required for ABC.

## Second

### Line:

Preferred:

AZT + 3TC + ATV/r

Alternative:

AZT + 3TC + LPVr

## Third Line:

ARVs for constituting a third line ART regimens are not readily available, however if an ART client is in need of third line, clinical summary form should be sent to the National Therapeutics TWG through [3rdline@nascop.or.ke](mailto:3rdline@nascop.or.ke) for guidance on further management. The patient should continue with current 2nd line ART with intensified adherence efforts including adherence counseling, Direct Observed Treatment Supervision (DOTS) and home visits.

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## First Line:

Alternative:

AZT + 3TC + EFV/NVP

TDF + 3TC + NVP

## Second

### Line:

If first line: AZT + 3TC + EFV/NVP or D4T + 3TC + EFV/NVP

then:

TDF + 3TC + ATV/r

If first line TDF + 3TC + ATV/r/LPV/r

then:

AZT + 3TC + DRV/r\*\*

\*\*Access to DRV/r for second line ART (for adults failing first line PI based ART) will be made available through consultation with regional or NASCOP therapeutic TWG

## Third Line:

ARVs for constituting a third line ART regimens are not readily available, however if an ART client is in need of third line, clinical summary form should be sent to the National Therapeutics TWG through [3rdline@nascop.or.ke](mailto:3rdline@nascop.or.ke) for guidance on further management. The patient should continue with current 2nd line ART with intensified adherence efforts including adherence counseling, Direct Observed Treatment Supervision (DOTS) and home visits.

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## Reference:

Ministry Of Health Kenya - Guidelines On Use Of Antiretroviral Drugs For Treating And Preventing HIV Infection Rapid Advice (2014)

## Adolescents 10 - 14 Years and Weight Greater than or Equal to 35kg Year Issued:

2014

## HIV/TB Co-Infection Addressed:

Yes

## Criteria for Treatment:

- All HIV-infected children above 10 years with WHO stage 3 and 4 disease, Hepatitis B Virus/HIV, TB/HIV co-infection should be initiated on ART irrespective of CD4 count
- ART should be initiated in all HIV infected children above 10 years of age with CD4 cell count  $\leq 500$  cells/mm<sup>3</sup>, regardless of WHO stage

## Regimen Options:

### First Line:

TDF+3TC+ EFV

### Second

### Line:

Preferred:

AZT + 3TC +LPV/r

Alternative: AZT + 3TC +ATV/r

### Third Line:

ARVs for constituting a third line ART regimens are not readily available, however if an ART client is in need of third line, clinical summary form should be sent to the National Therapeutics TWG through [3rdline@nascop.or.ke](mailto:3rdline@nascop.or.ke) for guidance on further management. The patient should continue with current 2nd line ART with intensified adherence efforts including adherence counseling, Direct Observed Treatment Supervision (DOTS) and home visits.

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### First Line:

Alternatives:

TDF + 3TC + NVP

### Second

### Line:

Alternative: AZT + 3TC +ATV/r

## **Third Line:**

ARVs for constituting a third line ART regimens are not readily available, however if an ART client is in need of third line, clinical summary form should be sent to the National Therapeutics TWG through [3rdline@nascop.or.ke](mailto:3rdline@nascop.or.ke) for guidance on further management. The patient should continue with current 2nd line ART with intensified adherence efforts including adherence counseling, Direct Observed Treatment Supervision (DOTS) and home visits.

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## **First Line:**

ABC + 3TC+ EFV

## **Second Line:**

AZT + 3TC + LPV/r

## **Third Line:**

ARVs for constituting a third line ART regimens are not readily available, however if an ART client is in need of third line, clinical summary form should be sent to the National Therapeutics TWG through [3rdline@nascop.or.ke](mailto:3rdline@nascop.or.ke) for guidance on further management. The patient should continue with current 2nd line ART with intensified adherence efforts including adherence counseling, Direct Observed Treatment Supervision (DOTS) and home visits.

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## **First Line:**

ABC +3TC+ NVP

## **Second Line:**

Alternative:

AZT + 3TC + LPV/r

## **Third Line:**

ARVs for constituting a third line ART regimens are not readily available, however if an ART client is in need of third line, clinical summary form should be sent to the National Therapeutics TWG through [3rdline@nascop.or.ke](mailto:3rdline@nascop.or.ke) for guidance on further management. The patient should continue with current 2nd line ART with intensified adherence efforts including adherence counseling, Direct Observed Treatment Supervision (DOTS) and home visits.

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## **First Line:**

AZT + 3TC + EFV

## **Second**

### **Line:**

ABC + 3TC + LPV/r

## **Third Line:**

ARVs for constituting a third line ART regimens are not readily available, however if an ART client is in need of third line, clinical summary form should be sent to the National Therapeutics TWG through [3rdline@nascop.or.ke](mailto:3rdline@nascop.or.ke) for guidance on further management. The patient should continue with current 2nd line ART with intensified adherence efforts including adherence counseling, Direct Observed Treatment Supervision (DOTS) and home visits.

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## **First Line:**

AZT + 3TC + NVP

## **Second**

### **Line:**

ABC + 3TC + LPV/r

## **Third Line:**

ARVs for constituting a third line ART regimens are not readily available, however if an ART client is in need of third line, clinical summary form should be sent to the National Therapeutics TWG through [3rdline@nascop.or.ke](mailto:3rdline@nascop.or.ke) for guidance on further management. The patient should continue with current 2nd line ART with intensified adherence efforts including adherence counseling, Direct Observed Treatment Supervision (DOTS) and home visits.

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## **Reference:**

Ministry Of Health Kenya - Guidelines On Use Of Antiretroviral Drugs For Treating And Preventing HIV Infection Rapid Advice (2014)

**Children Greater than or Equal to 3 -10 Years and Adolescents less than 35kg**

## **Year Issued:**

2014

## **HIV/TB Co-Infection Addressed:**

Yes

## Criteria for Treatment:

- ART should be initiated in all HIV-infected children aged 10 years and below, regardless of WHO stage or CD4 count/%

## Regimen Options:

### First Line:

ABC + 3TC +EFV

### Second

### Line:

Preferred:

AZT + 3TC +LPV/r

Alternative: AZT + 3TC +ATV/r

### Third Line:

ARVs for constituting a third line ART regimens are not readily available, however if an ART client is in need of third line, clinical summary form should be sent to the National Therapeutics TWG through [3rdline@nascop.or.ke](mailto:3rdline@nascop.or.ke) for guidance on further management. The patient should continue with current 2nd line ART with intensified adherence efforts including adherence counseling, Direct Observed Treatment Supervision (DOTS) and home visits.

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### First Line:

ABC + 3TC+ EFV

### Second

### Line:

AZT + 3TC + LPV/r

### Third Line:

ARVs for constituting a third line ART regimens are not readily available, however if an ART client is in need of third line, clinical summary form should be sent to the National Therapeutics TWG through [3rdline@nascop.or.ke](mailto:3rdline@nascop.or.ke) for guidance on further management. The patient should continue with current 2nd line ART with intensified adherence efforts including adherence counseling, Direct Observed Treatment Supervision (DOTS) and home visits.

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## **First Line:**

ABC + 3TC + NVP

## **Second**

### **Line:**

Alternative:

AZT + 3TC + LPV/r

## **Third Line:**

ARVs for constituting a third line ART regimens are not readily available, however if an ART client is in need of third line, clinical summary form should be sent to the National Therapeutics TWG through [3rdline@nascop.or.ke](mailto:3rdline@nascop.or.ke) for guidance on further management. The patient should continue with current 2nd line ART with intensified adherence efforts including adherence counseling, Direct Observed Treatment Supervision (DOTS) and home visits.

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## **First Line:**

AZT + 3TC + EFV

## **Second**

### **Line:**

ABC + 3TC + LPV/r

## **Third Line:**

ARVs for constituting a third line ART regimens are not readily available, however if an ART client is in need of third line, clinical summary form should be sent to the National Therapeutics TWG through [3rdline@nascop.or.ke](mailto:3rdline@nascop.or.ke) for guidance on further management. The patient should continue with current 2nd line ART with intensified adherence efforts including adherence counseling, Direct Observed Treatment Supervision (DOTS) and home visits.

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## **First Line:**

AZT + 3TC + NVP

## **Second**

### **Line:**

ABC + 3TC + LPV/r

## Third Line:

ARVs for constituting a third line ART regimens are not readily available, however if an ART client is in need of third line, clinical summary form should be sent to the National Therapeutics TWG through [3rdline@nascop.or.ke](mailto:3rdline@nascop.or.ke) for guidance on further management. The patient should continue with current 2nd line ART with intensified adherence efforts including adherence counseling, Direct Observed Treatment Supervision (DOTS) and home visits.

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## Reference:

Ministry Of Health Kenya - Guidelines On Use Of Antiretroviral Drugs For Treating And Preventing HIV Infection Rapid Advice (2014)

### Infants and Children less than 3 Years

## Year Issued:

2014

## HIV/TB Co-Infection Addressed:

Yes

## Criteria for Treatment:

- ART should be initiated in all HIV-infected children aged 10 years and below, regardless of WHO stage or CD4 count/%
- In circumstances where DNA PCR testing is not readily available ART should be initiated in any child younger than 18 months of age who meets criteria for presumptive diagnosis of severe HIV disease, confirmatory DNA PCR testing should be done as soon as possible

## Regimen Options:

### First Line:

ABC + 3TC + LPV/r\*

### Second

### Line:

AZT+ 3TC + DRV/r\*

or

\*Children less than 3 years who are not NVP exposed and are unable to tolerate Lopinavir/ritonavir can be substituted to an NNRTI based regimen

### Third Line:

ARVs for constituting a third line ART regimens are not readily available, however if an ART client is in need of third line, clinical summary form should be sent to the National Therapeutics TWG through [3rdline@nascop.or.ke](mailto:3rdline@nascop.or.ke) for guidance on further management. The patient should continue with current 2nd line ART with intensified adherence efforts including adherence counseling, Direct Observed Treatment Supervision (DOTS) and home visits.

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## **First Line:**

AZT + 3TC + LPV/r\*

## **Second**

### **Line:**

ABC + 3TC + DRV/r

## **Third Line:**

ARVs for constituting a third line ART regimens are not readily available, however if an ART client is in need of third line, clinical summary form should be sent to the National Therapeutics TWG through [3rdline@nascop.or.ke](mailto:3rdline@nascop.or.ke) for guidance on further management. The patient should continue with current 2nd line ART with intensified adherence efforts including adherence counseling, Direct Observed Treatment Supervision (DOTS) and home visits.

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## **Second**

### **Line:**

AZT + 3TC + LPV/r

## **Third Line:**

ARVs for constituting a third line ART regimens are not readily available, however if an ART client is in need of third line, clinical summary form should be sent to the National Therapeutics TWG through [3rdline@nascop.or.ke](mailto:3rdline@nascop.or.ke) for guidance on further management. The patient should continue with current 2nd line ART with intensified adherence efforts including adherence counseling, Direct Observed Treatment Supervision (DOTS) and home visits.

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## **First Line:**

ABC + 3TC +NVP

## **Second**

### **Line:**

AZT + 3TC + LPV/r

## **Third Line:**

ARVs for constituting a third line ART regimens are not readily available, however if an ART client is in need of third line, clinical summary form should be sent to the National Therapeutics TWG through [3rdline@nascop.or.ke](mailto:3rdline@nascop.or.ke) for guidance on further management. The patient should continue with current 2nd line ART with intensified adherence efforts including adherence counseling,

Direct Observed Treatment Supervision (DOTS) and home visits.

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### **First Line:**

AZT + 3TC + EFV

### **Second Line:**

ABC + 3TC + LPV/r

### **Third Line:**

ARVs for constituting a third line ART regimens are not readily available, however if an ART client is in need of third line, clinical summary form should be sent to the National Therapeutics TWG through [3rdline@nascop.or.ke](mailto:3rdline@nascop.or.ke) for guidance on further management. The patient should continue with current 2nd line ART with intensified adherence efforts including adherence counseling, Direct Observed Treatment Supervision (DOTS) and home visits.

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### **First Line:**

AZT + 3TC +NVP

### **Second Line:**

ABC + 3TC + LPV/r

### **Third Line:**

ARVs for constituting a third line ART regimens are not readily available, however if an ART client is in need of third line, clinical summary form should be sent to the National Therapeutics TWG through [3rdline@nascop.or.ke](mailto:3rdline@nascop.or.ke) for guidance on further management. The patient should continue with current 2nd line ART with intensified adherence efforts including adherence counseling, Direct Observed Treatment Supervision (DOTS) and home visits.

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## **Reference:**

Ministry Of Health Kenya - Guidelines On Use Of Antiretroviral Drugs For Treating And Preventing HIV Infection Rapid Advice (2014)

### **HIV Positive Pregnant and Lactating Women**

## Year Issued:

2014

## HIV/TB Co-Infection Addressed:

No

## Criteria for Treatment:

- All HIV-infected pregnant women irrespective of CD4 count, WHO stage or gestation age\*
- All HIV-infected breastfeeding women irrespective of CD4 count, WHO stage\*

\*Note for pregnant and breastfeeding women

The use of ART in pregnant and breastfeeding women markedly reduces the transmission of HIV infection from mother to child.

## Regimen Options:

### First Line:

First line ART regimen to start in all women with previous exposure to NVP through PMTCT -

Less than 24 months since  
previous NVP Exposure:

Preferred:

TDF\* + 3TC + ATV/r\*\*\*

\*\*\* Hyperacidity and hence use of over the counter antacids are common occurrence in pregnancy. Caution should be exercised in pregnant women initiating ART regimens containing ART/r who concomitantly use antacids. LPV/r remains an alternative in such cases. Service providers should actively ask about OTC medications.

### Second Line:

Not specified

### Third Line:

ARVs for constituting a third line ART regimens are not readily available, however if an ART client is in need of third line, clinical summary form should be sent to the National Therapeutics TWG through [3rdline@nascop.or.ke](mailto:3rdline@nascop.or.ke) for guidance on further management. The patient should continue with current 2nd line ART with intensified adherence efforts including adherence counseling, Direct Observed Treatment Supervision(DOTS) and home visits.

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### First Line:

Alternatives:

TDF + 3TC + LPV/r or

AZT + 3TC + ATV/r or

AZT + 3TC + LPV/r\*

## **Second**

### **Line:**

Not specified

## **Third Line:**

ARVs for constituting a third line ART regimens are not readily available, however if an ART client is in need of third line, clinical summary form should be sent to the National Therapeutics TWG through [3rdline@nascop.or.ke](mailto:3rdline@nascop.or.ke) for guidance on further management. The patient should continue with current 2nd line ART with intensified adherence efforts including adherence counseling, Direct Observed Treatment Supervision(DOTS) and home visits.

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## **First Line:**

More than 24 months since previous NVP exposure:

Preferred:

TDF\* + 3TC + EFV

## **Second**

### **Line:**

Not specified

## **Third Line:**

ARVs for constituting a third line ART regimens are not readily available, however if an ART client is in need of third line, clinical summary form should be sent to the National Therapeutics TWG through [3rdline@nascop.or.ke](mailto:3rdline@nascop.or.ke) for guidance on further management. The patient should continue with current 2nd line ART with intensified adherence efforts including adherence counseling, Direct Observed Treatment Supervision(DOTS) and home visits.

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## **First Line:**

Alternatives:

TDF+3TC+NVP or

AZT + 3TC + EFV or

AZT + 3TC + NVP

## **Second Line:**

Not specified

## **Third Line:**

ARVs for constituting a third line ART regimens are not readily available, however if an ART client is in need of third line, clinical summary form should be sent to the National Therapeutics TWG through [3rdline@nascop.or.ke](mailto:3rdline@nascop.or.ke) for guidance on further management. The patient should continue with current 2nd line ART with intensified adherence efforts including adherence counseling, Direct Observed Treatment Supervision(DOTS) and home visits.

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## **Reference:**

Ministry Of Health Kenya - Guidelines On Use Of Antiretroviral Drugs For Treating And Preventing HIV Infection Rapid Advice (2014)

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