

# Who is the grim reaper: A descriptive retrospective review on causes of mortality amongst PLHIV in four Kenyan Counties

A. Kahiga\*, M. Kitheka\* , S. Bii\*\* , D. Juma \*  
\*Deloitte & Touche LLP, \*\*USAID Kenya and East Africa, Nairobi, Kenya

General Category: E8: Integration of HIV services with other health and support services

## Background

Despite significant advances in HIV treatment, mortality remains high among PLHIV in Kenya, with advanced HIV disease (AHD) as the leading cause.

In Kenya, approximately 28,200 people living with HIV (PLHIV) died in 2017, a 48 % decline compared to 53,900 in 2010.

## Description

USAID Tujenge Jamii is an HIV project supporting 60,150 clients on ART in 189 clinics as of 31st October 2023. The project developed a customized open data kit (ODK) collection tool to collect data for any client reported as died across the 189 sites in 4 counties in Kenya.

Health care providers were sensitized on monthly data collection of all the mortalities from October 2022 to September 2023. The cause of death was based on verbal autopsy as reported by the next of kin or the health care workers post data review. Data was reviewed and disaggregated by cause of death, geographical area, age, and sex.

## Lessons learnt

From the treatment cohort of 59,849, the crude death rate was 1.06% for Clients aged above 15 years (Male =1.4%, Female=0.9%), and 0.9% for children aged below 15 years (Male=0.9%; Females=0.4%). Of these, 30% (194) were classified as WHO stage 3 and 4, while Stage 1 and 2 were 55% and 15% respectively.

Among the Females, the highest causes of death were TB 53(14.9%) and Cancers 49(13.8%), while in males was TB 56(21.5%) and cancers 20 (7.7%). 25% children died of TB.

## Conclusion/Next steps

TB and cancer remain the highest contributors of death in adults with HIV in this region and efforts to intensify TBHIV and NCDs integration within HIV services need to be prioritized, even as quality of care is strengthened.

It's imperative to continually review the causes of mortality and use the data to inform early detection and avert early deaths though more integrated programming, especially for TB and HIV as program managers.



Mortality audit sessions at a health facility.



Comprehensive Care Center team performance review meeting