CHILDREN AND AIDS

AIDS IN KENYA

Kenya is experiencing a stabilising decline of the national prevalence which currently stands at 7.4 per cent. HIV prevalence is increasing in the rural areas and has stabilised in urban areas. AIDS and HIV in Kenya is a mixed epidemic – a generalised picture driven by discordance, multiple casual unprotected sex, low rates of male circumcision in some cultural groups and low knowledge of HIV status. There is a concentration of HIV amongst sex workers, prisoners, truckers, intra venous drug users and fishing communities. Lastly the country also experiences a wide geographical diversity with Nyanza Province at twice the national average and North Eastern less than 1 per cent.

There is a high incidence of the disease amongst all age groups and a continuing picture of feminisation of the epidemic. There is also new evidence showing the benefits of effective ARV treatment on prevention. Also important is the fact that HIV response programmes are almost entirely funded by donors. Governance issues and last year’s post election crisis also have grave implications on HIV response.

CHILDREN AND AIDS

Half of children infected with HIV at birth die before their second birthday thus the magnitude of this problem remained hidden for a long time. The main source of infection for children is mother to child transmission. Other routes of transmission (blood transfusion and contaminated injections) remain insignificant at this time. Kenya’s current strategic thrusts are prevention of HIV transmission through universal testing of antenatal mothers, ARV interventions and safe breastfeeding practices. There are approximately 1.2m births per annum with eight per cent of mothers being infected. It is estimated that 150,000 need care and treatment countrywide.

NATIONAL STRATEGIC PLAN

Kenya has had two five-year strategic plans. The second one is currently undergoing revision as it is due to end in 2010. It is also being revised a little early due to evidence from a Kenya AIDS indicator survey that showed a slowing in prevalence decline, a shift in transmission patterns and resource – need imbalance. UNICEF is a member of the Joint UN team on AIDS and is offering assistance to the strategic plan review process. In particular we are providing technical assistance in guiding sectoral consultations with particular emphasis on nutrition, health systems review, and policy and prevention sections of the strategy. This support is being offered through current staff and, where capacity is lacking, through the hiring of consultants. An emphasis on the approach of the 4Ps

PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT) OF HIV

PMTCT is now a key intervention strategy for the reduction of HIV incidence in children. Kenya has adopted Focal Antenatal Care (FANC) as a package made available to every pregnant woman attending antenatal clinic. This package incorporates weight and blood pressure monitoring, malaria prevention, including prophylaxis and where possible distribution of long lasting insecticide treated nets, STI diagnosis and treatment, including HIV testing, CD4 testing for HIV positive mothers and micronutrient supplementation. HIV testing for mothers is on an opt-out basis with testing done in the antenatal clinic and anti-retroviral drugs made available there as well. These services are now offered in all ante natal clinics, including faith-sponsored health facilities.

PMTCT services started in three sites with UNICEF support in 2000. Today out of 2,620 ante natal clinics HIV testing is offered in over 2,000 sites with expansion continuing. UNICEF has contributed to this expansion by training over 500 health workers in eight districts in PMTCT, procuring test kits and lab reagents to initiate the service in 30 health institutions, participating in the drawing up of guidelines and protocols and supported mass awareness communication campaign to promote the service nationwide.

Current challenges include low hospital delivery rates (40 per cent), large unmet need for contraception (50 per cent), over 90 per cent reliance on donor funding for this program and continuing widespread use of Nevirapine only regimens.

PEDIATRIC HIV

Kenya has an estimated 70,000 to 100,000 infants exposed to HIV every year. Our current efforts reflect approximately 10 per cent rate of transmission so we expect 7,000 – 10,000 newly infected children annually. In 2008 we put 2,500 children on treatment so clearly diagnosis, treatment and prevention have to be stepped up urgently.

The Pediatric programme was initiated in 2005 when the scale of the impact on children was realised. Kenya today has over 400 sites where Early Infant Diagnosis can be carried out; three national reference laboratories carry out PCR testing with the support of the Clinton Foundation and UNITAID. Testing of children is now carried out in immunization clinics at age six weeks, in outpatient clinics and in children’s wards. Our current objective is to test all admitted children and to know the HIV exposure status for all infants at age six weeks. All under ones found to be infected with HIV are put on ARVs. By December 2008 there were 23,000 children on treatment out of an estimated 40,000 who needed it.
UNICEF has supported this programme by training over 120 health workers from 11 institutions, procured five CD4 machines which will be used both to initiate treatment in infected mothers and detect which children older than one year require treatment. They will also be used to monitor progress and adherence to treatment. UNICEF will support the procurement of CD4 reagents, servicing and spare parts for this equipment for the next two years.

The strategic thrust in the 2009 -2013 Country Programme is to prevent new pediatric infections by increasing ANC attendance and coverage, increasing rates of hospital deliveries, improving efficacy of ARV intervention and improving early infant diagnosis capacity and practice.

NUTRITION AND HIV

The increased nutritional needs and the high rate of breastfeeding, coupled with a high ante natal prevalence of HIV, make this intervention crucial. Exclusive breastfeeding in Kenya is low at only three per cent. Malnutrition rates are high, especially for weaned children, with a national average of stunting at 20 per cent amongst under fives. Key intervention areas for UNICEF have been promotion of exclusive breastfeeding for six months, support for the Baby Friendly Initiative, national training programme for health workers, technical support for the writing and production of national guidelines and the provision of micronutrients and supplementary feeding programmes in selected districts.

COMMUNICATION

Communication for HIV will use new evidence to promote behaviour change, including encouraging male circumcision, to prevent new infections.

PROTECTION

It is estimated that Kenya has more than 2.4 million orphans, 47 per cent of whom have lost their parents due to AIDS related complications.

Since 2004, UNICEF has supported efforts towards acceleration of care and support of orphans and vulnerable children through establishing and strengthening of national level structures for effective co-ordination and lobbying. A National Steering Committee with representation of key government ministries, civil society, development partners and private sector was established in 2005 and a draft National Policy on OVC developed in the same year.

UNICEF has been supporting the design, implementation and evaluation of the Cash Transfer Programme for Orphans and Vulnerable Children.

UNICEF has also supported the assessment of the status of alternative care for OVC during 2008 with the aim of promoting and improving family based care for OVC. In 2009, and on the basis of the gaps identified in this assessment, UNICEF will support the development of a care component for OVC within the child protection system and will include reviewing the legislative framework,
developing regulations for foster care, guardianship and adoption and will also support the government in building a mechanism for regulating charitable children institution so as to minimise the number of OVC who have to be in these institutions.