

Call to Action on Engaging Faith Communities to Accelerate Protection, Empowerment and Equal Opportunities for Children and Adolescents in Kenya



In 2015, 98,169 children under the age of 15 years were living with HIV in Kenya, with 6,613 new HIV infections. There were more than 26,000 children living with HIV needing treatment and not receiving it. Adolescents and young people represent a growing share of people living with HIV. In 2015 alone, about 36,228 young people between the ages of 15 to 24 were newly infected with HIV, which is the second largest cause of adolescent deaths. To make matters worse, Kenya is a high-burden country with about 9,184 cases of paediatric Tuberculosis (TB) recorded in 2016. Children living with HIV are at serious risk of TB. The number of children and adolescents becoming newly infected with HIV remains unacceptably high and major challenges remain in ensuring access to effective antiretroviral therapy (ART) for children living with HIV.

The low rates of paediatric HIV testing and treatment coverage were highlighted in the June 2016 United Nations Political Declaration on HIV and AIDS, and Member State governments agreed there should be “special emphasis on providing 1.6 million children (0-14 years of age) with antiretroviral therapy by 2018 worldwide”. The specific treatment targets for Kenya are: to provide 89,700 children and 84,200 adolescents with ART by 2018.

The tremendous strides made in the fight against HIV and AIDS can be scaled up further through access to proper food and nutrition. Studies have shown that one third of patients who are started on anti-retroviral treatment do not follow the regimen three years down the line because of poverty and food insecurity, among other reasons. People living with HIV have a compromised immune status and increased nutrition needs, about three times that of HIV uninfected individuals.

This situation requires urgent action and as religious leaders and leaders of faith-based organisations we are issuing this Call to Action on Paediatric and Adolescent HIV treatment. We call on the government of Kenya, both at national and county level, and the international community to act in the following key areas:

- 1. Funded National Plans:** Ministries of Health and Finance at both national and county level must review their plans to ensure that all children and adolescents living with HIV have access to testing and treatment by 2018 and allocate the funding necessary to ensure that their targets are achieved so that by 2020 these children remain on treatment and are virally suppressed.
- 2. Early Diagnosis:** Ministries of Health and Finance at both national and county level must prioritise HIV testing as soon as a baby is born to an HIV positive mother, as peak mortality for infants living with HIV occurs within the first six weeks. Point-of-care diagnostics must be included in national and county level paediatric diagnostic scale-up plans and introduced as soon as possible.

- 3. Appropriate Medicines:** Pharmaceutical and generic drug companies must prioritise the development of paediatric formulations of their drugs to make them palatable, affordable, easy to swallow and adapted for use in areas with limited energy supplies. For their part, Ministries of Health and regulatory bodies must ensure the speedy registration of WHO prequalified medications for children. Donors must support the Global Accelerator for Paediatric formulations (GAPf) with financial assistance as incentive for the risks faced by drug companies in producing drugs for such a relatively small market.
- 4. Access to TB drugs:** Ministries of Health and Finance must prioritise the national and county level roll-out of market quality-assured, affordable, child-friendly TB medicines in the correct internationally recommended dosages that have recently become available. Pharmaceutical and generic drug companies must urgently develop paediatric formulations of selected existing drugs to treat multi-drug resistant TB.
- 5. Eliminate Stigma:** Ministries of Education and Health in both national and county governments must commit to ensure that all children living with or affected by HIV and TB are free from stigma and discrimination due to their own status and/or that of their caregivers. They must ensure that schools are HIV and TB stigma-free environments. In addition, HIV and TB messaging must be incorporated in school curricula for proper dissemination, and to support the creation of HIV and TB competent schools.
- 6. Address Food Security:** Ministries of Health, Education and Finance in both national and county governments must commit to ensure that food and nutrition support is provided in order to: enhance the impact of antiretroviral therapy; to enable children and adolescents living with HIV and with active TB infection to seek earlier diagnosis and access treatment; and to promote treatment adherence and retention in care.

As religious leaders in Kenya, we commit to:

1. Speak out and engage with key stakeholders in support of children's rights.
2. Utilize congregational platforms for outreach to communities for service uptake.
3. Create a Children's Investment Fund to support issues related to children and pay attention to children with disabilities.

Signature: _____

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