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Elizabeth Glaser Pediatric AIDS Foundation
Fighting for an AIDS-free generation

Kenya Civil Society Children Priority Charter

Advocacy Roadmap for Engaging the Global Fund to Fight AIDS, Tuberculosis and Malaria for the Fund Cycle 2021-2023

PEDIATRIC HIV

▸ PRIORITY 1: PREVENTING MOTHER-TO-CHILD TRANSMISSION OF HIV (PMTCT)

Top Priority: Comprehensive Prevention and Treatment Package for Antenatal Visits

Pregnant women who test HIV-negative in antenatal care should be offered a comprehensive package of health services that includes risk screening and access to pre-exposure prophylaxis (PrEP) for those at risk (e.g., those in discordant relationship), as well as retesting at every trimester and risk reduction counseling that may involve behavior change strategies. Newly-diagnosed HIV-positive pregnant and lactating women should be offered a targeted package of care to enable them to initiate and adhere to antiretroviral therapy (ART) and access point-of-care (POC) viral load testing for viral load monitoring and infant status. The availability of infant antiretroviral (ARV) prophylaxis is vital to prevent the mother-to-child transmission (MTCT) rate. Mothers receiving PMTCT services should access frequent viral load testing every six months until they stop breastfeeding and then annually after that. Women who are not able to breastfeed, should be directed to replacement feeding that is acceptable, feasible, affordable, sustainable, and safe.

Secondary Priority: Community Interventions for Adolescent Girls and Young Women:

Community interventions targeting adolescent girls and young women are crucial to reduce the MTCT rate. These interventions include appropriate comprehensive sexual health education, adolescent life skills, empowerment, and access to appropriate health information and services (family planning services, HIV testing, Pre and Post exposure Prophylaxis (PEP/PrEP), condom use, as well as antenatal care, skilled delivery assistance, and postnatal services). Development of the tools and materials for community safe spaces and adolescent and youth-friendly clinics will help reduce the MTCT along the four PMTCT prongs.

▸ PRIORITY 2: IDENTIFICATION OF CHILDREN LIVING WITH HIV

Top Priority: Prioritization Of Pediatric HIV Testing

There is a need to ensure that pediatric HIV testing is prioritized to ensure so that all children living with HIV have access to testing and linkage to treatment. Pediatric testing can and should be enhanced through use of task shifting strategies (wherein general healthcare staff or lay HIV testing services (HTS) providers relieve overburdened clinical specialists of testing and counseling services), increasing availability of rapid test kits, using POC for early infant diagnostics (EID), and increasing the testing coverage to 100% of biological children of adults living with HIV (case finding) at the facility and community settings.

Secondary Priority: Community Awareness, Education, and Stigma Reduction

The implementation of a community awareness intervention package, which will include basic HIV information education, will champion a family-focused approach and underscore the need to test children for HIV. This will target people living with HIV (PLHIV), men in the community, caregivers of orphans and vulnerable children, and institutions handling children in correctional facilities. There is also a need to collaborate with schools, faith-based organizations, and child services to promote the HIV testing among children. Community stigma reduction activities, to be undertaken by civil society organizations (CSOs) in conjunction with the Ministries of Health and Education, as well as other stakeholders, will go a long way in enabling communities accept and seek HTS. These activities should be incorporated into community dialogues implemented by the faith-based organizations, community health units in the counties, and other community organizations.

▸ PRIORITY 3: PEDIATRIC CARE AND TREATMENT

TOP PRIORITY: ADVOCACY FOR OPTIMAL PEDIATRIC ARV FORMULATIONS

It is paramount to ensure that there are adequate quantities of the currently available and optimal pediatric antiretroviral drugs (ARV) formulations and antiretroviral treatment (ART) regimens in stock, as well as to ensure no stock-outs of medications. This must, however, take into consideration future ART regimens that are currently being developed. CSOs will advocate with government, donors, nongovernmental organizations (NGOs), and implementing partners responsible for pediatric ARV procurement and supply chain activities. The CSOs will also engage in community awareness, demand creation, and quick adoption of the right formulations through caregiver information and education sessions. Community monitoring of ARV uptake will be facilitated through community support group sessions for caregivers and adolescents.

Secondary Priority: Updating of Pediatric HIV Policies, Training and Support Materials for Health Care Workers and Caregivers

Kenya has several policies and materials crucial to the support of optimal pediatric HIV treatment that need to be updated and disseminated to relevant users. These include a HIV school health policy, pediatric HIV toolkit for health care workers, and the inclusion of human rights concepts into all pediatric HIV training tools/curriculum. Review of these resources should be facilitated by a multi-sectorial body coordinated by the Ministry of Health in liaison with other ministries and CSOs.

▸ PRIORITY 4: VIRAL SUPPRESSION AND RETENTION IN CARE

Top Priority: Community Adherence to ART and Retention in Care Interventions

There is a need for the development of standardization of treatment literacy tools for caregivers and schools that promote adherence to ART. CSOs must continue to advocate and coordinate community psychosocial groups and school clubs to support the retention in care of children and their caregivers at the community level. CSOs will work with peer educators and trained community health volunteers to implement these initiatives. The support groups facilitate linkages to health facilities and other social services, as well as promote multi-month refills through community monitoring strategies. The school health clubs, led by trained school staff using an appropriate curriculum, will be integrated into the school program to support students living with chronic health conditions access relevant treatment. School psychologists are crucial to the learning environment as they offer mental health services such as assessment and referrals to students in schools.

Secondary Priority: Household Economic Empowerment And Strengthening

Promotion of income-generating activities in households affected and infected with HIV can support adherence to ART and improve viral suppression. CSOs, in partnership with other stakeholders, will explore, support, and ensure all families with children living with HIV are assessed and those eligible are linked to or supported with specific, time-bound income-generating activity (IGA) programs with entry and exit criteria.

PEDIATRIC TB

▸ PRIORITY 5: PEDIATRIC TB ACTIVE CASE-FINDING AND SCALING UP DIAGNOSIS

Top Priority: Rapid and Expanded Diagnosis of Childhood TB

Scaling up pediatric TB active case-finding through systematic universal screening of all children at all health facility entry points (general health, pharmacy — and not just specialize TB units) is crucial. These activities would be implemented through capacity building of healthcare workers, cough monitors, and community health volunteers, working within communities and schools to scale-up community-based TB screening and referral for diagnostics. Clinical TB diagnosis will be enhanced through expanded use of GeneXpert technology and building healthcare workers skills to collect specimens, improve sample networking, and use and access chest x-rays. The comprehensive pediatric TB care should also include routine multi-drug resistant TB (MDR) surveillance to increase case-finding through sample collection, drug sensitivity testing (DST) of pediatric specimens, and use of chest radiography.

Secondary Priority: Intensifying County Capacity to Find Children with TB

Strengthen the capacity for pediatric TB diagnosis in HIV-positive children using TB-LAM. Contact investigation among children for drug-resistant TB (DR-TB), including a community-based approach, will help to ensure that children who are resistant to TB drugs are rapidly identified and treated.

▸ PRIORITY 6: TB PREVENTION

Top Priority: Provide Shorter Regimens for TB Preventive Therapy

Ensuring the provision of TB preventive therapy, including the new shorter regimens (3HP and 3RH), to eligible children including those who are contacts of TB index cases is critical. This should be coupled with community strategies to identify children eligible for prevention therapy at the community level, as well as their referral to the health facility for bacteriological confirmation of TB.

Secondary Priority: LTBI Testing

There is a need for simple, affordable, and recommended latent TB infection (LTBI) testing (TST and IGRA tests), as well as the implementation of contact tracing activities. This includes community and school-based approaches aimed to find children who are in close contact with adults who have active TB.

▸ PRIORITY 7: TB TREATMENT INCLUDING MULTI-DRUG RESISTANT TB

Top Priority: Provision of Highly Efficacious TB Treatment for Children

The provision of TB treatment with pediatric dispersible formulations in both the public and private health sectors will lead to treatment success. This should be supported by building the capacity of caregivers and community health volunteers on treatment literacy to improve adherence to treatment. Effective forecasting, procurement, and provision of second-line drugs for children with DR-TB, including child-friendly formulations, is urgently needed.

Secondary Priority: Treatment Monitoring

There should be treatment monitoring by healthcare workers and community health volunteers through sputum testing at two, five, and six months after diagnosis to determine the status of cure. This should be supported with social protection measures to ensure that nutrition support is provided the financial hardship while on treatment are addressed.

▸ PRIORITY 8: EQUIPPING HEALTHCARE WORKERS AND COMMUNITIES TO ADDRESS CHILDHOOD TB

Top Priority: Policy and Political Leadership for Community Action on TB

A framework to help address TB-related discrimination and stigma at healthcare facility- and community-level is a priority to ensure health workers receive the skills and tools needed to screen, diagnose, treat and monitor TB clients. This can be accomplished by implementing a multi-sectoral response to TB care by engaging both public and private sector players. Further, building political support and accountability for TB prevention, awareness, screening, treatment and care at all levels by strengthening routine health worker and community health volunteer screening for TB can achieve this. This must include community influencers and opinion leaders in order to address stigma and discrimination while promoting human rights.

Secondary Priority: Demand Creation

Community and client support are needed to enhance TB testing demand after building an understanding of the availability of TB testing. The development and dissemination of monitoring and evaluation tools to track TB at the community level, including schools, is important.

RESILIENT AND SUSTAINABLE SYSTEMS FOR HEALTH (RSSH)

▸ PRIORITY 9: LABORATORY STRENGTHENING

Top Priority: Increasing Access to Pediatric HIV Testing

POC platforms for EID to facilitate same-day diagnosis and same-day initiation on ART for infants are vital to ensure there is reduced morbidity and mortality in HIV-infected infants. This solution will shorten time to receive results and facilitate uptake of ART access for children from remote counties where conventional EID takes longer due to transport and terrain issues.

Secondary Priority: Multiplexing of Diagnostic Devices Such as Genexpert Machines

The Gene Xpert TB diagnostics, which are distributed countrywide, should be reprogrammed to support TB diagnosis, EID, viral load testing, and cervical cancer testing for mothers The implementation of a hub-and-spoke model would maximize service availability. A policy guideline on multiplexing is necessary to ensure that an appropriate framework is available to facilitate this. Currently, organizations that are doing multiplexing are doing it as a protocol-driven study/intervention. Training of end-users (both laboratory officers at the hubs and the nurses/clinicians at the spokes), support for sample networking, support for external quality assurance, and commodity management is urgently needed.

▸ PRIORITY 10: MONITORING AND EVALUATION

Top Priority: Advocating for Revision of Pediatric Monitoring and Evaluation Tools

There is a need for revision of monitoring and evaluation tools to ensure there is granulated data that will facilitate better decision-making and programming through interventions at the policy level, in addition to resources for printing, training, and dissemination. The tools may include data tools, electronic medical records (EMR) platforms, and other platforms as determined through a consultative process that also takes into account community monitoring. Establishing community-based mechanisms, by which service users and/or local communities gather, analyze, and use the information on childhood HIV and TB on an ongoing basis to improve access, quality, and impact of services, and to hold service providers and decision-makers accountable, is imperative.

▸ PRIORITY 11: COMMUNITY SYSTEMS STRENGTHENING

Top Priority: Building Community Capacity for Their Own Health

Review of the community training and need to have sensitization modules for community healthcare workers to provide holistic care to all including children living with HIV and/or TB is necessary. Inclusion of human rights aspects, a monitoring component, and consistent recruitment and training of community health volunteers to facilitate integration of TB and HIV services is important. Community-led advocacy and research to inform programming are critical, particularly, those representing children and adolescents. Social mobilization, building community linkages, and coordination with activities to mobilize communities in response to childhood HIV and TB are important. Addressing the barriers to accessing health and other social services, as well as the social determinants of health, are critical in the progress towards universal health coverage and the realization of the United Nation's sustainable development goals.

PARTNER ORGANIZATIONS

- African Community Advisory Board (AFROCAB)
- Ambassadors for Youth & Adolescents Reproductive Health program (AYAREP)
- AVAC
- Dandora Community Aids Support Association (DACASA)
- Discordant Couples of Kenya (DISCOK)
- Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)
- Jiu Pachi CBO
- Kenya network of religious leaders living with or affected by HIV (KENERELLA)
- Lean on Me Foundation
- Movement of Men against AIDS in Kenya (MAAK)
- National Network of People living with HIV and AIDS in Kenya (NEPHAK)
- Nelson Mandela TB Group
- Peer Publishers
- Sauti Skika
- Sportsmen Fighting Stigma
- Women Fighting AIDS in Kenya (WOFAK)
- WomenPlus against HIV and TB in Kenya