

WLHIV Position on Community Engagement and Accountability on the Delivery of eMTCT and KMA national goals and targets.



“There will be no ending AIDS without putting people first, without ensuring that people living with and affected by the epidemic are part of a new movement. Without a people-centred approach, we will not go far in the post-2015 era.” Michel Sidibe, Executive Director, UNAIDS

BACKGROUND.

The Plan towards the “Elimination of new HIV Infections among Children by 2015 and Keeping their Mothers Alive by 2015” was launched in 2011 at the UN general assembly special session high level meeting by a multi-sectoral global task force led by UNAIDS and PEPFAR. The Global Plan has a focus on 22 countries (Kenya included) with the highest estimated numbers of pregnant women living with HIV is focused on achieving two main targets which are to reduce the number of new infections among children by 90% and to reduce the number of AIDS related maternal deaths by 50% by 2015. Kenya Launched the country eMTCT and KMA strategy in 2012 with targets to reduce infection rates in children by 95% and reduce maternal deaths due to HIV by 50%.

The eMTCT global plan places women living with HIV (WLHIV) at the center of the policies and programming and recognizes the pivotal role that community engagement and accountability mechanisms play in realization of the eMTCT and KMA targets and goals. The eMTCT and KMA campaign brought hope for reduced vertical transmission and improved healthy lives for WLHIV. Despite the campaign being realistic, time bound and measurable, their achievement on country targets at the end of campaign period is still a distant aspiration as confirmed during the first

GAPS:

Kenya has made great milestones in achievement of PMTCT targets however the approach is rarely comprehensive around the 4 prongs as outlined in the PMTCT guidelines but focusing on the actual moments of vertical transmission and addressing prong 3 (Use of ARV's for PMTCT) rather than more holistically considering the overall health of the mothers and their children as guided by prongs 1 (HIV prevention among all women and girls), Prong 2 (Address unmet need for family planning), and Prong 4 (Family centred approach).

Lack of access, low awareness, low funding and limited coverage remain key challenges in addressing prevention of new HIV infections among women and girls, preventing unwanted pregnancies among women and girls living with HIV, addressing ART uptake, adherence and loss to follow up during pregnancy, adequate coverage and support for early infant diagnostic (EID), adequately involve men and support partner testing. Many WLHIV continue to face stigma, discrimination and sometimes sexual and gender based violence, compromising their health and endangering their lives and the lives of their children.

RECOMENDATION

The formulation of the eMTCT and KMA agenda post 2015 is a key process and very important for WLHIV, their families and communities. As the country engages in this process, WLHIV recommend following:-

1. Develop and implement Community Engagement Guideline;-

- Develop a guideline complete with an operational plan and measurable indicators for engagement of WLHIV and communities in eMTCT and KMA agenda.

2. Meaningful engagement:-

- Deliberate efforts must be made to meaningfully involve WLHIV in all their diversities within all policy and programming processes.
- Build on successes of networks of PLHIV especially WLHIV networks to address stigma, discrimination and increase demand creation for HIV and Maternal and Child health services including services for Sexual Reproductive Health.

3. Capacity building:-

- Strengthen networks of women and girls living with HIV to be meaningfully involved at all levels.
- Make decision making processes transparent, accessible and inclusive for all women and girls in all their diversities

4. Provide direct funding and institutional strengthening support to networks of PLHIV especially those of WLHIV. WLHIV networks require sustained funding to institutionalise their operations and effectively engage in policy and programming.

5. Ensure access to quality comprehensive HIV prevention, care, treatment and support programmes that combine psychosocial support and referrals through the mentor mother approach for girls and WLHIV.



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