

Special edition  
on HIV response

# SCIENCE SAYANSI

*Telling the African science story*

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invisible in HIV response?**

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**T**he Media for Environment, Science, Health and Agriculture (MESHA) was founded in November 2005 in Nairobi, Kenya and is an organisation that provides support to science journalists covering health, development, technology, agriculture and the environment. It does so by offering training workshops, consultancies and encouraging networking through meetings and conferences among journalists, scientists and other stakeholders in Kenya.

The association emphasises on rural journalism and communication.


The idea for the formation of this association sprang up from the fact that there were many organisations and communicators in the fields of agriculture, environment, health and development. However, few organisations in the region bring journalists covering these issues together, for better reporting in the media.

MESHA believes that in a democratic society where science must be answerable to the public, there is need to find new and innovative ways of effective mass communication about the benefits of science, and other areas of concern to the general public.

MESHA aims to ensure continuity, sustainability and consistent coverage of science and development issues as they arise.

## SAYANSI

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 Mesha Science

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### Cover Photo

Joseph Baraza who is a mentor, counsellor and mediator. He coordinates persons who are deaf at LVCT Health.

**Photo Credit:** MESHA



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# Stigma against people with HIV still lingers on

On World AIDS Day, December 1 last year, I stumbled upon an article that took me aback. The writer spoke about the painful sacrifices a married woman living with HIV was making to protect her marriage and dignity. To keep her secret safe (her husband was not aware of her HIV status) and avoid ill treatment from family and friends, she used to travel a long distance to another county to fetch her antiretroviral drugs.

"I would rather spend Sh1000 (USD 625) to go to a health facility in another county where nobody knows me, than collect them at a nearby health facility and then end up as the subject of gossip in the market and the church," she was quoted saying. Quite telling.

It is disturbing that in this day and age where great milestones and innovations have been made in the fight against HIV/Aids in Kenya and globally, stigma is still a barrier to accessing healthcare and treatment.

Reflecting on this example, I am drawn back to 1989 when the first person in Kenya, Dr Joel Muriuki (now deceased), came out publicly to declare his HIV status, and it was like a death sentence. I am also reminded of the brave story of hope, resilience and triumph of Asunta Wagura, who later became the HIV success story in the 90s.

Despite the stigma and discrimination that persons living with HIV/Aids faced, Wagura showed us that you can live with the virus, look good, achieve your dreams, find love and give birth to HIV negative babies. How inspiring! Asunta has since relocated to Canada to start a new life.

It is not lost on us that by coming out openly with their HIV status, these two heroes, went through a lot of shame and ridicule in their bid to try and normalise living with HIV and create acceptance.

Sadly, almost 35 years later despite the sacrifices they made and collaborative efforts by government and other health partners to end stigma and discrimination, it is still a big issue of concern.

Speaking last year during the World Aids Day, Meru County governor Kawira Mwangaza who hosted the official event noted also raised an issue on this worrying trend.

Governor Kawira noted that the major hindrance in the fight against HIV was stigma and discrimination, which was hindering people from getting tested and seeking timely treatment.

She revealed that Meru alone has 31,000 individuals living with HIV, with 84 per cent already undergoing antiretroviral therapy.

To reduce the rate of new infections and ensure all affected persons access treatment without fear of discrimination she called for tolerance from all community members.

"I wish to call upon every one of us to embrace compassion and love and offer equal treatment to all people, regardless of their HIV status," the Governor pleaded with the congregation.

True to her words, treating persons living positively respectfully and dignity will go a long way in ensuring that more people enroll for treatment, besides reducing the rate of new infections and AIDS-related deaths.

Going forward, we must tackle stigma and discrimination head on because HIV is still a big global health concern.

The World Health Organisation reports since the onset of the epidemic decades ago, HIV has infected an estimated 85.6 million people globally.

About 40.4 million have died of HIV while globally approximately 39.0 million people were living with HIV in 2022. This translates to 37.5 million were adults, and 1.5 million were children (below 15 years old) and 53 per cent accounted for women and girls.

In Kenya, the National Syndemic Diseases Control Council (NSDCC) latest data indicates that out of the 17,680 new infections in Kenya, 41 per cent are aged between 25 and 34.

The 2023 World Aids Day theme of 'Let Communities Lead' was an urgent call to action, urging communities to put more renewed vigour in the response to AIDS.

Consequently, this will speed up the attainment of 95.95.95 HIV treatment target and put to an end Aids as a public health in line with the 2030 Sustainable Development Agenda.  
Live and let live!

Hellen Miseda



# Motorcyclists ride to health and safety

Photo Credit: NSDCC



The story of Kiambu motorcyclists demonstrates the power of collective action.

By Lynn Sereya | [lkabaka@nsdcc.go.ke](mailto:lkabaka@nsdcc.go.ke)

In the bustling streets of Kiambu County, in Central Kenya, a remarkable initiative is taking shape, bringing together the indomitable spirit of the Boda Boda (motorcyclists) riders and their dedication to improving their community's health-seeking behaviour.

Within the LISTEN Community of Practice (CP), a community dedicated to health interventions, 15 chair operators from the Boda Boda association took up the challenge of spearheading HIV-related interventions. They aimed to reach every association member with vital health messages, spreading awareness and encouraging proactive health-seeking behaviours. Each operator assigned specific wards, including Ruiru, Thika, and Limuru, was determined to cover all corners of the county.

The riders embraced a one-of-a-kind QR code system. Recognising the power of technology, they integrated QR codes into their operations, improving both safety and efficiency.

Each rider was equipped with a personalised QR code, allowing clients to scan and confirm the legitimacy of their operator quickly. This innovative system-built trust between riders and clients and served as a safety measure, allowing them to operate 24 hours a day, improving business and thus enabling the association to purchase 5,000-acre land for its members.

The impact of Kiambu County Boda Boda's Novel Approach was evident in the changing behaviours within the community. The chair operators effectively conveyed health messages to their fellow riders through their dedicated efforts, emphasising the importance of regular health check-ups, safe practices, and HIV awareness.

Inspired by their peers, the riders prioritised their well-being and actively sought healthcare services when needed.

As the Boda Boda operators weaved through the vibrant streets, they became more than just motorcycle taxi riders—they were beacons of change, health advocates, and community pillars. Their tireless efforts not only improved their business but also positively impacted the lives of their fellow riders, fostering a community of health-conscious individuals.

The story of Kiambu County Boda Boda's Novel Approach demonstrates the power of collective action and the potential for positive change within even the busiest of communities. Through their unwavering commitment and innovative approaches, these riders exemplify the true spirit of compassion and dedication, making Kiambu County a safer and healthier place for all.

Photo Credit: NSDCC



Young people being sensitised on HIV at Dandora Community Hall in Nairobi. Challenges of a stigmatised school environment still remain.

# Challenges of high school students living positively

By John Muchangi | [jmunji@yahoo.com](mailto:jmunji@yahoo.com)

**G**uardians of the adolescents living with HIV, who will join Form One early 2024, may understandably be concerned how boarding schools support students who must covertly take drugs every day.

An assessment of 17 boarding schools in Nairobi City suggests that a majority require students to surrender all drugs on admission.

The evaluation sheds light on the experiences of the students, their guardians, and school nurses, offering insights into the challenges they face and the innovative strategies employed to navigate adherence to medication.

The students also report the challenge of taking daily pills without disclosing their status to unnecessary parties.

The study, published by the Plos Global Public Health journal, was led by Nicholas Kipkurui from Impact Research Development Organisation, a Kisumu-based NGO.

Other researchers are from the Kenya Medical Research Institute.

It is titled, “Navigating antiretroviral adherence in boarding secondary schools in Nairobi, Kenya: A qualitative study of adolescents living with HIV, their caregivers and school nurses.”

The majority of students said they disclosed their HIV status to school nurses or teachers upon admission. Most schools do not allow students to keep drugs, so they are kept by the school nurse and students must go to take a pill daily.

“There was a day I was going to take my drugs and I found her (the school nurse) at the teacher’s office and the teacher had already placed the drugs on the table. So, she asked me if those really looked like sickle cell medication and I told her I didn’t know. She then told me to tell her the truth that she wouldn’t tell anyone, and I just told her,” said one student.

The study also uncovers various strategies employed by adolescents living with HIV to adhere to medication while navigating the challenges of a stigmatised school environment.

These strategies included waiting until other students were engaged in activities, waking up early, excusing themselves, and even falsely claiming that their medication was for different ailments.

“I take mine in the morning only and I lie that it is an allergy medication. I also changed the storage bottle; my mum changed it for me so even if they see the bottle, they will just think it is medication for my chest,” one 18-year-old student said.

Caregivers expressed anxiety regarding school-based adherence counselling, fearing inadvertent disclosure of the adolescents’ HIV status and subsequent stigmatisation by fellow students.



Furthermore, the study highlighted a critical gap in the training of school nurses, with all respondents reporting a lack of appropriate training on HIV adherence counselling for adolescents.

Some students reported a lack of privacy and confidentiality from the people who should protect them.

“For example, with these guidance and counselling teachers, as soon as you leave that room, you become the topic of discussion. What you disclose to that teacher, she will disclose to other teachers and so in class, there is a way the teacher looks at you. These teachers like backbiting people,” said one student.

The study concludes that, despite the challenges, adolescents with HIV in Kenyan boarding schools have developed resourceful strategies to navigate medication adherence.

It notes the need for targeted training for school nurses and a concerted effort to build a trusting relationship between healthcare providers and adolescents.

The Kenya Aids Strategic Framework identifies adolescents and young people as a priority population for the HIV response.

The Kenya HIV estimates 2018 by the National AIDS and STIs Control Programme (NASCO) indicates that 105,230 adolescents were living with HIV. Most of these were in high school.

The school-age also features strongly in new infections. In 2022, new HIV infections among children, adolescents, and young people, reached an estimated 62 infections per week among those aged 10-19, according to NASCO.



Silvia Okoth says that their organisation, Bar Hostess Empowerment and Support Programme reaches out to women in sex work through an online peer to peer programme.

## Telemedicine now a lifesaver for sex workers

By Wakio Mbogho | wakiombogho@gmail.com

Silvia Okoth, a sex workers rights activist and a pro-choice advocate, has been advocating for choices beyond clinics to reach the unreached, young sex workers and young girls and women with biomedical interventions like PrEP.

Through her organisation, Bar Hostess Empowerment and Support Programme, she has reached out to many women in sex work through an online peer to peer programme. The emergence of COVID-19 pandemic created a shift in the normal life for many people, a situation that necessitated an adaptation towards the new trends of life.

Among these trends is the virtual sex work, where women engaging in sex for work are increasingly utilising the space to find clients and solicit for their trade.

### How telemedicine is sustaining people on PrEP

Considering how the virtual space has gained massive following and influence, they saw it as an opportunity to find ways to reach out to them, “we are having a couple of peer educators and peer outreach workers in the virtual spaces who are also using the same platform to advocate for HIV prevention services and they refer the clients to where they can get services or link them to clinicians,” says Silvia.

Photo Credit: MESHA



**A leading scientist, Prof Omu Anzala, addresses members of MESHA at the Kenya AIDS Vaccine Initiative last November. The media has been hailed for sustaining the HIV story through various articles over the years.**

They have held online sessions to reach out to women in the virtual spaces who wish to stay anonymous, or those who engage in sex for work but do not wish to identify as so. Many countries have improved the delivery of the daily oral PrEP. Women engaging in sex work are among populations that have shown increased uptake in this product.

Preliminary findings of an ongoing research in Kenya on how best to deliver these products suggests the use of online PrEP delivery to reach more people.

“Kenya is increasing investments in telemedicine for effective delivery of health services and products to populations in need,” says Dr Michael Kiragu, a public health consultant in HIV prevention.

African countries are keen on behavioral interventions as a means of HIV prevention and preparation for any health pandemic. The introduction of new pre-exposure prophylaxis (PrEP) options to prevent HIV infections has experienced a steady uptake, although the targeted uptake is yet to be achieved.

Dr Daniel Were, a Jhpiego health project director and regional technical advisor says ongoing research shows that there has been a lack of consistency in use among people who are on PrEP.

Were says, “Within the sub-Saharan African region, we are seeing a lot of new biomedical HIV prevention products. While there are available not many countries are making significant progress in terms of availing these products to their populations.”

He reveals that there are new prevention modalities that are coming out of research and so far the two promising interventions are the Dapivirine vaginal ring and the long acting injectible.

These two products were included in the 2022 version of the Kenya ARV guidelines, but they are still not available to the public walking into any Kenyan facility. He notes the need to fast track and invest in the availability of these products to the public.

## Looking forward to ending the pandemic

Carolyn Njoroge a woman engaging in sex work based in Kenya, says COVID 19 pandemic was a learning curve for many of them who needed to move to meet their clients, because at some point there was restricted movement.

“When you trust communities and engage them in planning of the preparedness of the disease, it also eases the prevention and control measures,” she says.

She talks about how judgmental the community and some local leaders were towards them during the pandemic, because they were seen to be among the quick spreaders of the COVID 19 virus.

According to Global AIDS strategy 2021 – 2026 UNAIDS, the risk of acquiring HIV is 30 times higher among women who engage in sex work. Young women are twice likely to be living with HIV than men. HIV experts have warned that, “the challenge in curbing the spread of HIV has mainly been due to behavioural modifications,” says Prof Omu Anzala of Kenya Aids Vaccine Institute, KAVI.

It is a personal decision to protect oneself, and unless there is effective knowledge and self-awareness, interventions to reach populations are hampered.

The discussions were carried out during a three day media symposium organised by AVAC in partnership with Internews and Media for Environment, Science, Health and Agriculture (MESHA).

The symposium held in Nairobi, Kenya was attended by regional journalists drawn from Tanzania, Zimbabwe, Uganda, Malawi, Zambia and Kenya.



# Kenya on track to reduce infections by 95 per cent

Photo Credit: NSDCC



**Young people attending a sensitisation festival on HIV prevention. Kenya has achieved remarkable progress in reducing new infections.**

By Kitavi Mutua | kitavimutua@gmail.com

**K**enya is on course to achieving a 95 per cent reduction in overall HIV infections among all age groups by 2030, if latest data released by the government is anything to go by.

As the World Aids Day whose theme was "Let Communities Lead" was commemorated, new data released yesterday showed that the country has made significant progress in the fight against the disease.

Health Cabinet Secretary Susan Nakhumicha who presided over the national event at Meru's Kinoru Stadium announced that 89 per cent of people living with HIV Aids were already on antiretroviral therapy, reaching a crucial milestone.

According to the report by National Syndemic Diseases Control Council (NSDCC), in the last decade Kenya has achieved remarkable progress in reducing new HIV infections, with a commendable 78 per cent decline from 2013 to 2022.

"The commitment to ensuring access to life-saving antiretroviral medicines has resulted in 94 per cent coverage for the 1.4 million people living with HIV by the end of 2022," reads the report launched in Meru on December 1, 2023.

The key strides in the response to HIV / Aids include significant progress in reducing new infections, expanding antiretroviral therapy coverage, and achieving enhanced suppression against Aids related deaths.

The accelerated momentum is geared towards a 2027 deadline set by President William Ruto, to eliminate HIV transmissions in the country, which is barely four years away.

Ms Nakhumicha noted that additionally, AIDS-related deaths have seen significantly reduced by 68 per cent over the past decade, dropping from 58,446 in 2012 to 18,473 in 2022.

"Kenya's focus on preventing HIV transmission from mothers to children has shown progress, with transmission rates declining from 14 per cent in 2013 to 8.6 per cent in 2023.

The CS however, said more work must be done to meet the global target of less than 5 per cent by 2025.

The Ministry of Health has launched the "Plan to End AIDS in Children by 2027" to ensure the country attains global targets and promotes universal access to antenatal services and skilled birth delivery for all mothers said CS Nakhumicha.

The report by NSDCC also highlights several challenges that persist in the fight against the virus, particularly among adolescents aged 15-24, who accounted for 41 per cent of all new HIV infections among those over 15 years old in 2022.

"Adolescents, especially girls, face a triple threat to their health - HIV infection, adolescent pregnancy, and sexual and gender-based violence," reads the report.

Ms Nakhumicha said her ministry had initiated health system reforms, which emphasise on primary prevention and attention to chronic diseases, through employment of thousands of community health promoters, who will be on the front line in villages across the country.



While significant milestones have been achieved, the CS said this year's theme was in line with government efforts to curb new HIV transmissions to zero and subsequently reduced Aids-related deaths.

However, Meru County Governor Kawira Mwangaza revealed that Meru alone has 31,000 individuals living with HIV, with a commendable 84 per cent already undergoing antiretroviral therapy.

"Out of these, 26,000 people have been tested while 84 per cent of the infected, which is about 22,000 people are already on antiretroviral therapy," said the Governor.

Governor Kawira noted that the major hindrance to the project in health care was HIV stigma, which still prevents people from getting tested and seeking timely treatment.

"I wish to call upon all of us to embrace compassion and love and offer equal treatment to all people, regardless of their HIV status," the Governor told the congregation.

Governor Kawira emphasised the importance of laying the foundation for an inclusive elder care system that addresses the needs of all residents.

"The goal is to create a healthy society where equal healthcare is readily available to all, thereby enhancing HIV prevention and treatment. The strategic focus aims to provide free access to essential services such as HIV testing, pre-exposure prophylaxis, prevention of mother-to-child transmission, and therapy for those living with HIV," she said.

A separate survey conducted by the National Syndemic Diseases Control Council (NSDCC) shows that between January and May this year out of the 15,389 women who sought antenatal care in various health facilities in Meru, 3,998 were teenage girls.

The alarming data from health facilities on rising teenage pregnancies in Meru County informed the choice for the venue to celebrate this year's World Aids Day.

The shocking data which represents 26 per cent – the highest rate in the country also revealed that some of the girls are as young as 10 years with a majority being secondary school students.

This means three in every 10 expectant women in Meru are teenage girls, whose education has been disrupted with a bigger challenge of being exposed to HIV virus.

Dr Ruth Laibon-Masha, the NSDCC Chief Executive Officer says the teenage pregnancy numbers in Meru have been on the rise for the last seven years and that if the trend is not checked, it will defeat the gains made in suppressing new HIV infections.

"We chose Meru as the host of this year's World Aids Day as an answer to distress call from the region. We need all local leaders and stakeholders to appreciate the worrying trend that directly hinders efforts to eradicate new HIV infections," said Dr Laibon-Masha.

*"I wish to call upon all of us to embrace compassion and love and offer equal treatment to all people, regardless of their HIV status,"  
Kawira Mwangaza,  
Meru Governor*

The CEO said the overlapping challenge of new HIV infections, adolescent pregnancies, and sexual and gender-based violence among young people, known as the "Triple Threat," impedes progress towards fighting the disease.

Dr Laibon Masha told caucus bringing together various community leaders it was unacceptable for society to watch as young girls become child mothers and denied education due to parental neglect and bad cultural practices.

The CEO also revealed that at least 26,000 people in the country are reported to use injectable drugs.

"One of the challenges we are experiencing is HIV being transmitted through drug use," she said.

The prevalence of injecting drug use is alarmingly high across various counties, as indicated by the recently released data from the NSDCC.

The figures underscore the severity of the issue, revealing substantial numbers in specific regions. In Kwale, there are 2,712 cases, while Nairobi it is 9,722 cases. Kilifi follows closely with 5,643 instances, Mombasa reports 2,559 cases, Kisumu has 408, Kiambu records 592, and Murang'a there are 211 cases.

"To access the facility, individuals using HIV need a space with a legal framework, enabling them to come forward for assistance," she said. As the world commemorates World Aids Day, stigma has also been identified as a contributor to the rising number of new HIV infections in arid and semi-arid counties.

Infections in the arid and semi-arid counties is on the rise, according to new data by the NSDCC.

Among counties recording a rise of cases include West Pokot, Samburu, Marsabit and Narok counties.

Photo Credit: MESHA



**Joseph Baraza who lost his hearing ability at the age of 14 to nerve related issues says that many Kenyan hospitals lack sign language interpreters.**

## Persons who are deaf say they get ignored in hospitals

By Ann Mikia | [annmikia@gmail.com](mailto:annmikia@gmail.com)

In one of the rooms perched on the second floor of an imposing building on a quiet street in a Nairobi's suburb is an animated discussion between young adolescents. They are chatting on varied topics and their banter happens in sign language. There is an infectious burst of laughter.

The venue is LVCT Health in Adams Arcade. Here, the deaf community have found a safe place to interact. They are happy to meet up after such a long time. They all live in different parts of the city and its outskirts.

They are aged between 18-21 years. LVCT Health has branches in Thika, Mombasa and Kisumu. The organisation initially supported persons who are deaf with HIV services but now it only refers them to the various counties because of funding challenges.

Today, the adolescents were invited here by their mentor, counsellor and mediator Joseph Baraza, to discuss the challenges affecting their community. Baraza, coordinates persons who are deaf at LVCT Health and has worked here for 15 years. He understands most of the challenges persons who are deaf experience.

Baraza was not born deaf but lost his hearing at the age of 14 to auditory nerves related issues which affected his hearing gradually.

Baraza is the first person that the adolescents who are deaf reach out to whenever they encounter any life challenges. Unfortunately, many of them ask for cash from him though he is also struggling to keep afloat. He has handled many cases and referred them to the relevant authorities. He says many Kenyan hospitals lack sign language interpreters.

One of the youths, a bubbly 20-year-old Yvonne Chebet (not her real name) is leading what must be an interesting discussion topic. It is such a chilly morning and she is dressed in blue jeans and a red jumper to keep warm. She is an affable, young girl with dimples and wears a pony tail on her hair.

Chebet is a sex worker who operates with the Central Business District. Some of her clients are deaf while others are not. She is in her trade with girls who hear but she says her disability does not disadvantage her in any way.

She attributes this to her being attractive to men who come looking for sex workers. She is a mother of two children who have the hearing ability. She must work hard to feed and clothe them and take care of her mother who looks after her children.

Chebet and other girls who are deaf in sex work know the risk they expose themselves to and take Pre-Exposure Prophylaxis (Prep) because they encounter clients who even offer to pay more to have unprotected sex.

Many of the girls who are deaf take advantage of the LVCT Health free short messages service which is active 24 hours, seven days a week.

They text asking any question, for instance where they can get PrEP or even Post Exposure Prophylaxis (PEP) in case they have exposed themselves to unprotected sex.





**Women who are deaf some of the beneficiaries of LVCT's free short messages service.**

Through donor funding, LVCT Health supported more than 300 HIV adolescents who are deaf with income generating activities.

This number could have risen after donor funding dwindled since the VCT services to the vulnerable also declined remarkably.

According to Mr Baraza, "HIV and AIDS stigma is so high among persons who are deaf making it difficult to have standalone HIV support groups for them. They however engage in social groups where they discuss anything and everything." When any of the persons who are deaf has unique health problems, they reach out to him privately.

Dr Lillian Otiso, the current Executive Director of LVCT Health says funding for HIV has been declining over the years forcing LVCT to change its strategy of working with the vulnerable and marginalised.

"Our focus is to utilise our resources on these underserved group with services wherever they were and we even hired deaf staff.

Most of the services for HIV in the early days were through VCT centres and outreach but when funding stopped, we now test in health facilities and follow up on those who are at risk of contracting HIV," she says.

Dr Otiso however points out that for the last ten years they only got modest funding from Stephen Lewis Foundation. They used the money to support groups of people with disability to launch economic empowerment activities such as saloons in Kibera, chicken farming and tailoring services in Kisumu.

In Kiambu, LVCT Health has trained those vulnerable groups in baking and knitting sweaters.

Whether or not they are living with HIV or not, people with disability have an unmet need for health and HIV services in order to protect themselves. They represent one of the largest and most underserved populations.

It is worse for persons who are deaf because they feel left out of the populations of people with disabilities because their disability is not visible. HIV-related data on people with disability are sparse, since most countries do not measure HIV prevalence among the group. Efforts to get data on person who are deaf living with HIV in Kenya was futile.

In every week of 2022, 4,000 adolescent girls and young women (aged 15-24 years) became infected with HIV globally; with 3,100 of these infections having occurred in sub-Saharan Africa. In Kenya, the Ministry of Health is working towards ending paediatric and adolescents' HIV.

Currently there are 68,000 children between 0-14 years living with HIV. The number is higher in the 10-19 years' age group standing at 88,853. The youth and young adults living with HIV make up 145,142 in Kenya. These statistics were released last year in the year 2022 by the Ministry of Health.

# The missing link to prevent HIV transmission in babies

Photo Credit: UNAIDS



**Mother-to-child-transmission rates are still high because women are not attending antenatal clinics.**

By Njeri Murigi | [healthreporter3@gmail.com](mailto:healthreporter3@gmail.com)

**A**fter ‘Grace Joan’ learnt that she was pregnant, she was excited about the arrival of her first child. To ensure the health and well-being of herself and her baby, she diligently attended all her Antenatal Clinics (ANC).

‘Grace’ remembers how she instructed her doctor to do a thorough checkup during her first antenatal clinic visit. Then she wanted to make sure that her child will have no genetic abnormalities, birth defects, or the HIV virus.

“I was happy when the doctor told me I was HIV negative and my baby faced no risk. I went home a happy woman. I faithfully attended all my clinics until the very last day.

Every time I went for my clinics the routine tests were done but I realised that HIV retesting was not done,” she reveals.

After enquiring why, she was told that was not necessary since the initial test was done and another one will be done six weeks post-delivery. This was not what Grace was expecting but she never argued with her doctor. She continued to take care of her pregnancy until delivery.

After delivery, Grace was a responsible and caring mother. However, things changed when she went for her six-week postpartum checkup. This is when she learned that her HIV status had changed from negative to positive.

She couldn’t tell when that happened since she was sexually active throughout her pregnancy. Unfortunately, she had also transmitted the virus to her baby.

“This was a shocker to me. When the doctor gave me the results, I couldn’t believe them. I went for a second and third opinion but the results were the same. I finally accepted my new status and we were finally put on antiretroviral therapy (ART).”

Grace is not the only woman who has infected her infant with HIV. A report by Kenyatta University shows that in Kenya, an estimated 37,000 to 42,000 infants are infected with HIV annually due to Mother-to-Child Transmission (MTCT). This is despite the fact that the country rolled out a countrywide Prevention of Mother-to-Child Transmission (PMTCT) programme to reduce HIV infection in children because the main route for HIV transmission among children is through birth. However, the causes of this sustained high MTCT rate are not well documented.

Speaking during a recent media café organised by Media for Environment, Health, and Agriculture (MESHA), Patriciah Jeckonia from LVCT Health, says some of the reasons why MTCT rates are still high are women not attending antenatal clinics, the knowledge gap amongst providers, and lack of testing kits. However, there is also another major cause that has always been neglected and that is the lack of HIV retesting throughout the pregnancy. Currently, in most hospitals HIV testing is only done when one is starting her antenatal clinics, and no retesting is done until six weeks after delivery.



Photo Credit: Violet Otindo



**Kenya is among the first African countries to introduce the generic version of the DTG regimen to repress HIV.**

“Majority of women are tested at the start. Very few of them get to be tested in the third trimester, or even during labour since most hospitals don’t have enough test kits. They get the next testing maybe six weeks after which is also not a guarantee. This is wrong because without retesting the virus cannot be detected early enough,” says Ms Patriciah.

According to her, retesting is important because one can test negative during the entry test but in reality, they are HIV positive. This happens because, during that testing period, one could be in the window period which is hard to detect the virus. Frequent retesting is the only way one can make sure that everything is in order.

That is why it is recommended that a pregnant woman should receive at least three HIV tests during her pregnancy journey. That is, when starting her antenatal clinics, during the third trimester, and during labour/delivery.

Early detection is crucial for initiating timely interventions and treatments to reduce the risk of transmission to the fetus.

Available data shows that without treatment, one in four babies will get HIV infection from their mother but with treatment, the chance of infection is as low as one in 100.

“HIV testing programming is a key area for us to look into. That is why we are pushing for the government to invest in HIV response and testing kits. At least if the government can make the test kits available, we will not have a lot of missed opportunities. This will greatly reduce the new infections amongst women,” adds Patriciah.

Apart from that, Patriciah says HIV retesting also offers an opportunity for healthcare providers to connect pregnant women with additional supportive services. These may include access to specialised HIV care, mental health support,

adherence counseling, nutritional guidance, and social support networks, which can improve overall health outcomes for both the mother and child.

Timely identification of HIV-positive pregnant women through retesting according to Patriciah also allows for the initiation of ART, which can significantly improve women’s health outcomes. ART not only helps control the progression of HIV in the mother but also reduces the risk of transmitting the virus to the baby during pregnancy, labour, delivery, and breastfeeding.

“Retesting during pregnancy ensures that women receive personalised care tailored to their HIV status. Based on the test results, healthcare providers can provide appropriate counseling, support, and information on treatment options, including the potential benefits and risks associated with ART,” she adds.

In conclusion, Patriciah says if HIV retesting during pregnancy was done on Grace, it would have enabled her doctor to realise that she had contracted the virus. This would have prevented mother-to-child transmission.

*Available data shows that without treatment, one in four babies will get HIV infection from their mother but with treatment, the chance of infection is as low as one in 100*

Photo Credit: RHAY Conference



Two young attendees follow proceedings at Reducing HIV in Adolescents and Youth (RHAY) Conference held in June 2022 in Kisumu. There are deliberate efforts by authorities to address health threats to such young people.

# Adolescents' triple threat

By Violet Otindo | [votindo@gmail.com](mailto:votindo@gmail.com)

**O**n a quiet Thursday morning, Mildred\* is tending to her two-week-old baby, a stark reminder of the tumultuous journey she's embarked on at just 16.

Forced out of school in January due to an unexpected pregnancy, Mildred, who hails from the serene village of Obambo, Siaya County, found herself ensnared in a toxic relationship with a small-scale trader who lured her with body lotion and sanitary towels. The man who had promised to stand by her vanished into thin air after her baby's birth.

Left with no choice, 'Mildred' now depends on her mother, a hardworking woman who earns a living through odd jobs like weeding and selling water. The father of her child has disappeared without a trace.

"I am clueless about his whereabouts. My calls remain unanswered, and the shop where he once worked now stands shuttered," Mildred reveals.

Tragically, amidst the burden of single-handedly raising her baby, Mildred grapples with HIV, an affliction she allegedly contracted from her previous partner.

"I'm trapped in despair. Coping with motherhood at such a tender age is daunting, and now, I must also face the lifelong battle against HIV," she laments, tears streaming down her cheeks. The youngest of six siblings, Mildred's positive HIV status, discovered during her Antenatal Clinic visit, has cast a dark shadow over her life.

Thankfully, her son tested negative for HIV, offering a glimmer of hope in this tumultuous journey. However, the daily regimen of taking ARVs weighs heavily on her, often leading to sleepless nights filled with thoughts about her uncertain future and that of her child.

"HIV hangs over me like an impending doom. What if I don't survive? Who will care for my son? My elderly mother grows weaker by the day. Life remains a mystery," says the young adolescent.

In a neighboring village, 17-year-old 'Mary' faces a similar fate. She too dropped out of school after an unplanned pregnancy shattered her dreams. Despite her cheerful facade, she carries the pain of abandonment by the man who fathered her 10-month-old baby.

"I never imagined that the man I loved would disown me and our child. How could he abandon us at a time when we need him the most?" Mary shares her heartache.

The second last born among nine siblings, Mary relies on her mother, who sustains the family through subsistence farming and sporadic jobs. "My mother is my pillar during my darkest moments. It's painful to see her take care of my baby while the man who fathered him enjoys his life with another woman. I had hoped to finish school and support my mother in her old age, but destiny had other plans," laments Mary.

The stories of Mildred and Mary reflect the daunting challenges faced by adolescents and young people—early pregnancies, sexual gender-based violence, and the burden of HIV. With just seven years left to achieve Kenya's goal of ending HIV, the National Syndemic Disease Control Council (NSDCC) recognises that this triple threat is derailing efforts to combat the pandemic.

According to NSDCC, incidents of sexual gender-based violence and teenage pregnancies serve as warning signs of increased HIV risk. "Sexual and gender-based violence heightens the risk of HIV infection. Adolescent pregnancies often result in adverse health and social consequences for both the mother and child, perpetuating cycles of poverty, limited education, and unemployment," states a report by NSDCC.



Adolescent and young mothers experience worse HIV-related outcomes compared to their older counterparts, with higher rates of new HIV infections during pregnancy and breastfeeding and lower rates of retention in HIV care and treatment, as noted by the council.

NSDCC CEO Dr Ruth Laibon-Masha expresses concern about the persistent threat of new HIV infections among adolescents and young people, despite a reduced overall HIV prevalence of 6.4 per cent.

“We must eliminate this triple threat, as it continues to drive new infections among our youth,” says Dr Masha.

While urban areas like Nairobi and Nakuru bear the brunt of the triple threat, counties like Homa Bay, Siaya, Migori, Kisii, and Uasin Gishu also grapple with substantial challenges. In Siaya, sub-counties such as Gem, Alego Usonga, and Bondo record the highest rates of new HIV infections among adolescents and young people, along with a high prevalence of teenage pregnancies.

To combat the triple threat in Siaya, Steve Kathaka, the regional HIV Coordinator with NSDCC covering Kisumu and Siaya counties, spearheads various interventions.

Men’s engagement forums sensitise them about the importance of protecting girls and young individuals from sexual harassment. Additionally, NSDCC collaborates closely with the county’s transport department, particularly boda boda operators, as well as the departments of health, education, and interior.

“We are making strides in addressing the triple threat through the Ministry of Interior. Village chiefs play a crucial role, identifying children not attending school and pregnant girls,” says Kathaka.

In 2022, the council launched a triple threat campaign aimed at tackling HIV, teen pregnancies, and sexual gender-based violence among children and young adults.

Despite efforts to eliminate HIV as a public health concern by 2030, Douglas Bosire, the Officer in Charge of County Support Programs at NSDCC, expresses concern about the growing proportion of infections among adolescents and young adults.

“Young people are facing many challenges, including HIV infections, early pregnancies, and sexual violence. These overlapping issues exacerbate each other’s impact,” explains Bosire.

The number of unwanted pregnancies among adolescents has also surged, with 260,000 children aged 10 to 19 attending Antenatal Clinics in 2022.

To address the triple threat, NSDCC collaborates with partners, including local administrators and community health workers, to disseminate information at the community level, focusing on preventive measures and supporting those in need of services.

**Photo Credit: RHAY Conference**



**Delegates attend the RHAY conference in Kisumu recently.**

Data from NSDCC reveals that 41 per cent of new HIV infections occur among adolescents and young people aged 15 to 24. In 2023, there were at least 3,244 new infections among adolescents aged 10 to 19, in addition to 7,307 among those aged 15 to 24. Adolescents and young people accounted for 41 per cent of all new HIV infections in 2022.

Troublingly, many adolescents infected with HIV are not seeking treatment.

Bosire notes, “A significant portion of our youth is engaging in unprotected sexual encounters, leading not only to HIV infections but also other sexually transmitted diseases.”

“We aim to account for every Kenyan child, wherever they are. We want to ensure that those who have dropped out of school are given the opportunity to return,” concludes Bosire.

In this challenging battle against the triple threat, the future of Kenya’s youth hangs in the balance.

**Numbers don’t lie**

- 62% - New HIV infections occur every week, among adolescents aged between 10 and 19 years.
- 18% of all Antenatal care attendances in Kenya, who are aged between 10 and 19 years
- 36% of all sexual GBV cases, are of children aged between 10 and 19 years



Cabinet Secretary for Health, Nakhumicha Wafula, has reaffirmed the ministry's commitment to end HIV/AIDS in children by 2027.

# A mother's sacrifice: How I delivered HIV-negative babies

Tebby Otieno | [tebbyotieno62@gmail.com](mailto:tebbyotieno62@gmail.com)

Lilian Otieno had her first child 12 years ago and did not go to an antenatal clinic until her pregnancy was about six months old. She admits that the distance between her Busia home, where she was at the time, and the hospital was considerable.

What she didn't realise was that she was living with HIV, which she discovered after giving birth. Although nurses should test the HIV status of all expectant mothers during their antenatal clinic visits, Lilian says even though she attended the antenatal clinic thrice, she does not know why nurses did not test her.

"At the age of seven months, my baby would be sick regularly and could not even sit or stand and her condition would not get any better despite taking her to the hospitals and being put on medications," she says.

Her baby's frequent illnesses prompted one of her relatives to advise her to take the child to a health facility for an HIV test. She says her relative used to work in one of the Nairobi departments where people living with HIV received their medications.

"When I got to the hospital, I went through counselling, before taking my blood sample and that of my baby to test which revealed that we were both HIV positive.

Accepting the result was not easy. I called my dad and shared with him. He gave me hope, because he is a doctor. He told me to take heart," she narrates.

Lilian says they were both put on medication and have been following their treatment. Her baby has since set an alarm to remind her when it is time to take her medication, which she does at 9 p.m. daily, even when her mother is not present.

She says seven years later, she sought advice from a counselling nurse about the possibility of having an HIV-negative baby.



Photo Credit: Ministry of Health

“When I was pregnant of my second born, I started attending antenatal clinic when I was three months pregnant. On the seventh month of my pregnancy, I was given medicine that I was to give the baby immediately I gave birth,” she explains.

Lilian is now a mother of three, and she reveals that by taking her medication and attending antenatal clinics, she was able to have two negative babies.

“Four years later I conceived and I started attending antenatal clinic. When I was in labour pain and went to the hospital, I carried my medicine. I delivered around midnight and a few minutes later I gave her medicine. She has been tested twice and she is negative though she is still in the programme because she is remaining with two tests. She is a year and a month old.

Lilian’s story is similar to that of other HIV-positive mothers who have infected their children for various reasons. Data indicates that four factors contribute to mother-to-child infections. They are present when a mother does not receive antiretroviral therapy during her pregnancy or while breastfeeding.

When a mother discontinues antiretroviral treatment while pregnant or breastfeeding. When a mother contracts HIV during pregnancy or while breastfeeding, and finally when a mother is receiving antiretroviral therapy but does not achieve viral suppression.

According to National AIDS and STI Control Programme (NASCOP) data from 2022, there are 68,000 children aged 0-14 living with HIV in the country, with 12 children infected with HIV every day and 6 children dying from HIV/AIDS every day. Pneumonia, malaria, malnutrition, and sepsis are the leading causes of HIV deaths in children.



**Cabinet Secretary for Health Nakhumicha Wafula, and Meru County Governor Kawira Mwangaza interacting with mothers during the World AIDS Day 2023 in eastern part of Kenya.**

Data further shows that increased access to antiretroviral treatment among pregnant and breastfeeding mothers and children with HIV over time has contributed to a reduction in mother-to-child transmission from 16 per cent in 2016 to 8.6 per cent in 2022.

Dr Caren Mburu, from Elizabeth Glaser Pediatric AIDS Foundation says there is need to have people centred approaches and strategic partnerships to achieve the, UNAIDS, Global Alliance and Kenya Plan target to end AIDS in children by 2030.

“Increased access to ART specifically for pregnant and breastfeeding mothers and children living with HIV has really made strides in reduction of HIV incidence of new infection among children and also in improving ART coverage for our children,” said Dr Mburu in Nairobi during a media science café organized by the Media for Environment, Science, Health and Agriculture.

According to the NASCOP data, increased access to the antiretroviral treatment has equally reduced new infections among children between the age bracket of 0-14 years by 34 per cent. There is also an improved viral suppression from 66 per cent among children in the same age group in 2019 to 74 per cent in 2022. The number of deaths related to AIDS related has also reduced from 14, 000 in 2010 to 2, 300 in 2022.

*Data shows that increased access to antiretroviral treatment among pregnant and breastfeeding mothers and children with HIV over time has contributed to a reduction in mother-to-child transmission.*

# Mentor mothers help bring down newborns' HIV infections

Photo Credit: [www.philani.org.za](http://www.philani.org.za)



**A mentor mother is employed by a health care facility and is responsible for giving one-on-one support to HIV-infected pregnant/postpartum women.**

By **John Muchangi** | [jomunji@yahoo.com](mailto:jomunji@yahoo.com)

**P**regnancy brings both excitement and anxiety. Having a mentor, whether it's a friend, family member, or experienced parent, can provide valuable information about what to expect. That advice is important in preparing for the arrival of the baby, and in the case of Mary Wanjiku, it is lifesaving.

She is part of a network known as the mentor mother programme. These are mothers living with HIV who have been trained to provide

adherence and psychosocial support to pregnant and breastfeeding persons living with HIV. They also help trace women who interrupt treatment.

"I'm a mother and I experienced many challenges [in pregnancy] and I realised I can do it and I know other mothers can do it. So I take it as voluntary work," said Wanjiku, a mother of one, who speaks publicly about her experience living with HIV.

She understands her advice to pregnant women with HIV can mean the difference between health and the lack of it. Women living with HIV are at risk of poor health outcomes for themselves and their newborns if they do not adhere to treatment.

So whenever Wanjiku is called upon, she walks about four kilometres from her home through the thorny bushes to Mutituni Level 4 Hospital in Machakos county to counsel clients.

She was born with HIV 25 years. She lost her mother when she was three years old. Her only other sibling also died due to Aids-related complications.

Wanjiku only came to terms with her status in college when she fell pregnant.

"I came to realise that actually this baby, he or she doesn't have to suffer because of my condition. I do say that it's good for now because it (pregnancy) helped me accept myself," she said.

"And that's what I really continue telling the mothers that you should accept yourself first. And also love yourself. So that even you can love that child that you are raising."

Fortunately, her child was born HIV negative. Wanjiku and other 'mentor mothers' help other pregnant women living with HIV go through pregnancy and breastfeeding, while protecting their babies from infection.

This programme has been embraced by the National Syndemic Diseases Control Council (NSDCC), which prepares policy on HIV in Kenya.



Many studies have shown mentor mother programmes increase retention in prevention of mother-to-child transmission care compared to standard of care.

Without any intervention, between 15 per cent and 45 per cent of babies born to HIV-positive mothers are likely to become infected. And half of all infants infected with HIV are likely to die before their second birthday if they do not receive treatment.

However, the risk of infection reduces to less than one per cent if you take antiretroviral (ARV) drugs as prescribed throughout pregnancy and childbirth, have a suppressed viral load and give HIV preventive medicine to your baby after birth.

There are 25 mentor mothers Mutitini subcounty, where Wanjiku volunteers.

According to the NSDCC, in 2013, 14 out of every 100 mothers living with HIV passed on the virus to their babies.

This reduced to eight mothers last year, but the goal was less than five out of every 100.

“Only Siaya county attained mother-to-child transmission rate of less than five per cent in 2022, recording 4.3 per cent,” Douglas Bosire, the programme officer in the county support division at NSDCC, said. “Mandera, Wajir, Samuru and Narok counties had MTCT rates of above 20 per cent in the same year.”

Narok county has 21.1 per cent MTCT rate, Samburu (25.7 per cent), Wajir (29.6 per cent) and Mandera (38.8 per cent).

Bosire, who spoke to journalists in Machakos, cited 21 counties that had increased MTCT rate between 2021 and 2022.

Photo Credit: Unicef



**A newborn baby being tested in hospital.**

They include Mombasa, Lamu, Taita Taveta, Wajir, Mandera, Kitui, Machakos, Nyeri, Murang’*a*, Samburu, Trans Nzoia, Uasin Gishu, Elgeyo Marakwet, Nandi, Baringo, Narok, Kericho, Vihiga, Busia, Kisii, Nyamira and Nairobi.

Kirinyaga stagnated at above five per cent, while the remaining counties reduced their infection rates but still remained above five per cent.

Many of the transmissions – also called vertical transmission so as not to stigmatise mothers – happened disproportionately in young mothers below 24 years.

Bosire said the government is running a campaign to end new HIV infections in adolescents, teenage pregnancies and sexual and gender-based violence commonly referred to as Triple Threat.

Wanjiku said she has helped 30 to 35 HIV positive women deliver negative babies since she started working as a mother mentor this year. Her work is guided by the National Guidelines for the Kenya Mentor Mother Programme (KMMP), published by the Ministry of Health in 2012.

“Linked with Community Health Workers, mentor mothers draw from their own experiences as former PMTCT clients to inspire behaviour change in their peers,” the guidelines say. Wanjiku she works with pregnant women who test positive, and have been counselled.

“They’re forwarded to me so I encourage them with what I have gone through. We walk with them from pregnancy and our end goal is to see them deliver a HIV negative baby,” she said.



# How county shifted trend of high Mother-to-Child transmission rate

Photo Credit: ICAP Global Health



**An expectant mother receives counselling before a blood test is done in a past clinic visit.**

By Violet Otindo | [votindo@gmail.com](mailto:votindo@gmail.com)

**F**or many years, the HIV burden swept children born of positive mothers in Siaya County. The hope of raising a future generation was left in the balance. Brenda\* will never forget walking to a hospital in 2003, only to be told her son had acquired HIV.

The 38-year-old from Alego Usonga village in Siaya was newly married and had just taken her firstborn child for a regular check-up after he developed a fever. At two years, the child died of AIDS. "I did not know I was HIV positive, until the death of my baby. I found no value in life," narrates Brenda.

Even after testing positive, she was in denial, and further gave birth to her second and third born, who were all positive. "At some point, I found no value in life. Stigma was real, for example, my relatives warned their children against visiting me, as they believed I could infect them with the virus. HIV/AIDS was a death sentence by itself," narrates Brenda.

Gradually, through counselling, Brenda agreed to live positively and enrolled for treatment. After a struggle of fighting HIV and stigma, she conceived and delivered two HIV-negative children now 10 and 2 years.

A team of communication officers at the National Syndemic Disease Control Council (NSDCC) visited her home, where she explained that after accepting her status, she adhered to treatment that helped suppress the viral load, before conceiving.

"Seeing my 10 and two-year-old children grow strong each day gives me hope in life. I never believed that someday I would give birth and cuddle a HIV negative child," Brenda says with joy.

Brenda is among hundreds of HIV-positive mothers happily raising negative children, thanks to adherence to treatment.

Siaya County's commitment to eliminating mother-to-child transmission of the virus over the years, and to improving the health of mothers and babies has changed.

Siaya is the first county in Kenya to attain the World Health Organisation (WHO) set targets of below 5 per cent mother-child transmission, now giving hope in Kenya's fight against HIV in pediatrics by 2027, and ending the disease by 2030.

Mother-child prevalence in the county stands at 4.3 per cent, against 8.6 per cent nationally, according to data by NSDCC and NASCOP.

Steve Kathaka, regional NSDCC HIV coordinator working in Kisumu and Siaya Counties, attributed success in the elimination of mother-to-child transmission to the use of community health promoters. The county has a total of 2,128 community health promoters established in 2014, who document pregnant women who are HIV positive and enrol them to ANC clinics.

Photo Credit: Joyce Chimbi

“Working closely with community health promoters has been key in reducing infections because they take records of all pregnant mothers, and ensure those who are positive are closely monitored for example they take their ARV refills and deliver at a hospital,” says Kathaka.

The community health promoters have also identified mentor mothers who also help sensitise HIV-positive women on how to take care of pregnancy, and newborn children. However, stigma according to Kathaka is still deep-rooted, an issue that distances some mothers from seeking care.

“A number of women do not disclose their HIV status to doctors while seeking care, an issue that makes it hard for them to receive HIV prevention interventions,” he says. “Some pregnant women deliver at home because they do not want their HIV status to be known”.

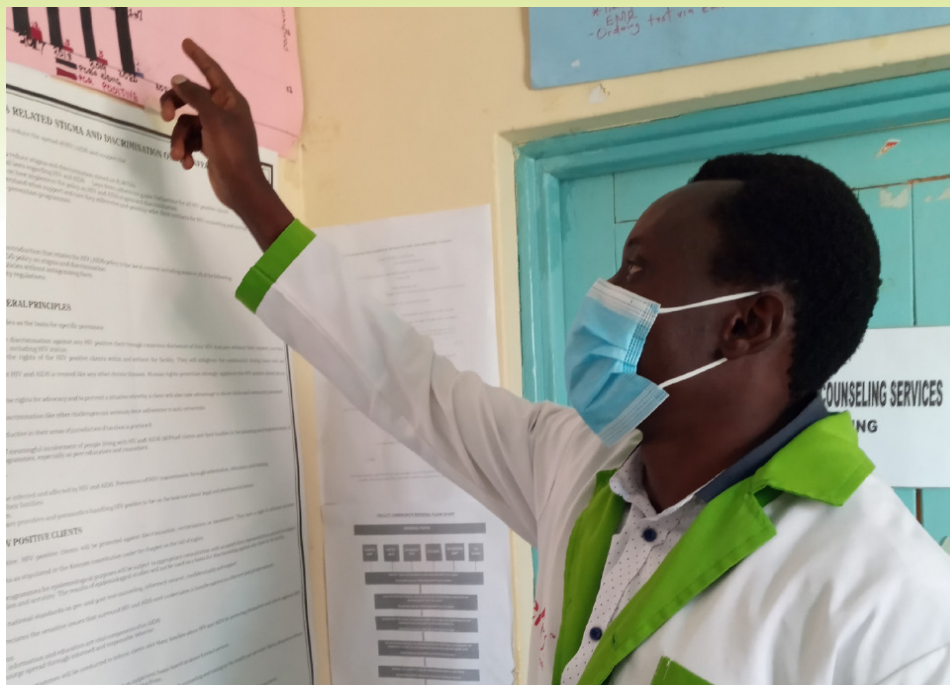
Kathaka’s sentiments are echoed by Siaya County Health Executive Dr Martin Onyango.

“We have intensified the use of community health promoters. Each is attached to a hospital where their data is tracked, and data keyed into the health system for action,” says the executive.

For sustainability of low mother-child transmission, the county government plans to continue with capacity building to locals and all stakeholders, education on HIV/AIDS and increasing budgetary allocation.

Rose Akoth, a community health promoter at Obambo, in Alego Usonga Sub County, is among thousands of change agents who map pregnant mothers and link them to ANC care, where they are put on HIV care to protect the unborn child from contracting the virus.

“Children were not spared of the HIV pandemic. It was painful to watch them die at birth, and those who survived barely attained the age of five years. Joy of families was deemed by the death of their children. Stigma was real,” recalls Rose.



**Elisha Arunga Odoyo, a clinical officer at the Homa Bay County Referral Hospital.**

She adds, “I never imagined we could have a new healthy generation. Seeing positive mothers deliver healthy, HIV-negative babies makes me happy.”

Rose and other community promoters map all pregnant women and cluster HIV-positive ones who are placed under care at Antenatal Clinics. At the clinic, they are trained on the importance of treatment, hospital delivery, and how to handle a baby at birth to avoid transmission of the virus. At birth, newborns are given prophylaxis and put on zidovudine, Nevirapine, drugs that prevent transmission of HIV from mother to child. Newborns are also tested immediately after birth, at six weeks, 6 months, 12 months, and 18 months of age. If at 18 months the baby tests negative, they do not use ARVs, but if infected, they are started on a lifelong journey of using ARVs and Septrin daily.

Kenya’s plan to end AIDS in Children by 2027 is pegged on four pillar frameworks namely protecting adolescents and women of childbearing years from acquiring HIV, planning pregnancies for the HIV infected woman,

caring for the pregnant/ breastfeeding HIV-infected woman and her baby, and care of her family.

According to National AIDS and STI Control Program (NAS COP) for a child who has acquired HIV, without the appropriate care and treatment, about a third of them die by their first birthday, 50 per cent by the age of 2 years, and 80 per cent by 5 years.

## KEY FIGURES

- 68,000 - Children Living with HIV/AIDS in Kenya
- 6 - Children who die due to HIV/AIDS every day
- 15 to 45% - Rate of transmission of HIV from a mother with HIV to her child during pregnancy, labour, delivery or breastfeeding.

**Source: NSDCC & NAS COP**



# Kenya progresses towards ending mother-to-child HIV transmission

Photo Credit: Courtesy



**Margaret Odera serves a community with a catchment population of 200,000 people.**

By Joyce Chimbi | [j.chimbi@gmail.com](mailto:j.chimbi@gmail.com)

**M**argaret Odera, is one woman who has gone through all the motions of life. Having been infected with HIV at 19 years, diagnosed with the virus at 29 years, delivering her first baby at 32 years— she has seen it all. Unfortunately, the baby passed on at six months from pneumonia in 2009.

Odera has risen through it all and is now a peer educator, Community Health Worker (CHW) and mentor mother helping HIV positive pregnant and breastfeeding mothers at Mathare North Health Centre in Nairobi.

Her life-changing journey started in 2009 when she first entered the facility as a client and has never looked back.

Odera works with the facility as an integrated CHW and a champion for the Prevention of Mother-to-Child Transmission (PMTCT) of HIV/Aids program.

“In 2009, I was shocked when I learnt of some disturbing trends in the community. I noted that more than 80 per cent of HIV positive pregnant women gave birth in the hands of traditional birth attendants and the HIV positivity rate from mother-to-child was at least 98 per cent. These mothers also refused ARVs and embraced herbal concoctions,” she recalls.

The level of awareness on matters HIV/Aids was low and many assumed it was witchcraft.

“The mothers believed that they were bewitched and sought help from traditional medicine men. Their immunity was low and there was no escape for their babies who were exposed to the virus during pregnancy, birth and breastfeeding. While their HIV positive babies wasted away, they claimed that the babies had been looked upon with a ‘bad eye’ or had been bewitched.”

But with consistent efforts to create awareness on mother-to-child transmission, things have changed for the better.

Today, the positivity rate at Mathare North Health Centre, or rate of HIV transmission from mother-to-child is less than one per cent.

Revealing these results, Dr Caren Mburu from Elizabeth Glaser Pediatric AIDS Foundation said overall, mother-to-child transmission has dropped from 16 per cent in 2016 to 8.6 per cent in 2022.

Ms Odera is among the HIV positive mothers who have managed to deliver, breastfeed and raise HIV negative children.

“My duties are more specialised and specific because I speak about an experience that I have gone through. I am a HIV positive mother of three HIV negative boys. One boy was born in 2013 and twins born in 2017. My husband is HIV negative. I use my story to inspire others that discordant relationships work and elimination of mother to child transmission of HIV is possible,” Odera says.

Speaking to a group of science and health journalists from the Media for Environment Science, Health and Agriculture at a Media Café organised in partnership with National AIDS & STI Control Programme (NAS COP) in Nairobi, Dr Mburu said it is possible to eliminate mother-to-child transmission of HIV.

HIV exposure of an infant or child can occur in the uterus, at labour and delivery and through breast milk. Even though HIV can be transmitted from a HIV positive mother to the baby during pregnancy, delivery and breastfeeding period, being on ART and having an undetectable viral load during pregnancy and throughout breastfeeding significantly lowers the risk of passing HIV.

Research has shown that the risk could go as low as to less than one per cent. All HIV exposed infants (HEI) should be tested for the virus within six weeks of age or at first contact with a health facility; if negative then another test should be administered at six months, and if negative then repeat the HIV test at 12 months.



**Mother to child transmission has fallen from 16 percent in 2016 to 8.6 percent in 2022**

The HIV testing in infants should be done using the HIV DNA polymerase chain reaction (PCR), a highly sensitive and specific method to detect the presence of the virus in infants. Unlike other HIV tests, this one can detect the presence of the HIV virus 10 days after potential exposure.

On the Kenya HIV landscape with regard to children, adolescents and young adults, Dr Mburu said “currently, 68,000 children aged 0 to 14 years are living with HIV. In addition, 88,853 adolescents aged 10 to 19 are living with HIV. Overall, 145,142 youth and young adults aged 15 to 24 are living with HIV.”

According to the Kenya HIV Prevention and Treatment Guidelines 2022, “prevention of mother-to-child transmission of HIV, Syphilis and Hepatitis B virus (HBV) which is referred to as the triple elimination should be offered as part of a comprehensive package of fully integrated, routine antenatal care interventions.”

It is recommended that all pregnant women, unless known positive, should be counselled and tested for HIV, Syphilis -using the HIV-Syphilis dual test- and HBV during their first ANC visit, and if negative a repeat HIV-Syphilis dual test should be performed in the third trimester. Lifelong ART should be administered to all pregnant and breastfeeding women living with HIV, regardless of gestational age, WHO clinical stage or CD4 count.

Despite the many challenges along the journey towards elimination of mother to child transmission of HIV, Dr Mburu stressed that there has been tremendous progress. For, HIV prevalence has gradually dropped from 5.6 per cent to 3.7 per cent in 2022.

New HIV infections among children 0 to 14 years dropped from 16,000 to 4,500 in 2022 and AIDS-related deaths among children 0 to 14 years fell from 14,000 in 2010 to 2,300 in 2022.

Photo Credit: Joyce Chimbi



# Worry as TB burden weighs down more men than women

Photo Credit: MESHA



**According to Nkirote Mwirigi (pictured) who is the lead at the National TB Program in the Ministry of Health, men have twice the burden of TB than women and children globally.**

By Agatha Ngotho | [angotho@gmail.com](mailto:angotho@gmail.com)

**M**en have twice the burden of tuberculosis (TB) than women, an expert has said.

According to Nkirote Mwirigi, lead National TB Program in the Ministry of Health, men have twice the burden of TB than women and children globally.

"But women and children also have a large burden. Though men end up having a high burden of TB, women and children end up suffering more," she said.

She spoke during a media science cafe organised by the LIGHT Consortium through AFIDEP in partnership with MESHA.

Confirming Mwirigi views is one Walter Akhura, a TB survivor from Kawangware in Dagoretti, Nairobi County.

He says though his journey has not been easy, he has overcome the challenges.

He is now a champion who creates awareness on the diseases and gives hope to other TB survivors. "Getting treatment for TB was not easy at first but I was eventually able to get the treatment.

My problems started when I was diagnosed with Covid-19 and lost everything including my family," he says with tears in his eyes.

Akhura narrates the harrowing experience he went through while at quarantine in one of the national hospitals. While quarantined, he lost his property and his wife left.

He says he was confident that having been treated and cured from TB he could not be affected by Covid-19 but it happened.

Mwirigi however noted that it is not all doom as TB is preventable, treatable and curable. "Globally, close to 74 million people's lives were saved through efficient diagnosis and treatment over the years," she added.

In 2021 alone, 1.6 million people died of TB according to World Health Organisation statistics. Over the last three to five years, close to 10.5 -10.6 million people have had TB over the years and the majority are men.

Data from the National Laboratory of Medicine shows that the burden is more on men due to behavioral, socioeconomic differences and risk factors.

It indicated that the observed gender and age-related differences in tuberculosis incidence in adults (age 15–44, 45–64, and 65 and beyond) may be explained, at least in part, by behavioral and cultural differences.

The data further points out that social contact patterns contribute to the excess burden of tuberculosis in men. Differences in gender- and age-specific social contact likely contribute to sex disparities in adult tuberculosis burden by increasing incidence among men.

"Risk factors such as alcohol consumption and smoking are usually more prevalent among men than among women, and researchers established a correlation between these elements and the risk of developing TB," data shows.

## **TB burden in Kenya**

Mwirigi said TB is still a major public health concern because it is airborne and highly transmittable and also because it is the fourth leading cause of death amongst infectious diseases.

Photo Credit: MESHA



**Walter Akhura, a TB survivor from Kawangware in Dagoretti, Nairobi County says though his journey on seeking treatment has not been easy, he has overcome the challenges.**

Data from WHO shows that Kenya is listed among the 30 high burden countries to have TB and also TB/HIV. Kenya is also a priority country in drug resistant TB. She said people affected by TB are between the productive age group which is 25-44.

In 2016, the government did a prevalence survey that showed that the country was missing nearly 40 per cent of TB cases.

Findings from the prevalence survey showed that 83 per cent of the patients are HIV negative.

She said a lot of stigma emanates from HIV for TB but you do not have to have HIV to have TB.

The burden of disease is highly within the urban set up because of the issues related to overcrowding, poor housing and congestion. "...also as you grow older, women are likely to have TB compared to the younger women or men," she said.

She noted challenges in terms of diagnostic tools-which are not sensitive tools for diagnosis. To address this, the government has done much towards improving this through more sensitive diagnostic approaches.

She said engaging all care providers in TB control is critical in attaining the global and national targets.

## Kenya unveils plan to end HIV infection in children by 2027

By Eddy Ingutia

Kenya officially launched the Kenya Plan to End AIDS in children by 2027. The ambitious strategy follows a national dialogue and a 100-day children and adolescents living with HIV (CALHIV) rapid result initiative (RRI) that calls for urgent response to end the spread of HIV among children and reduce infant mortality in the country.

Presiding over the launch, Susan Nakhumicha, the Cabinet Secretary in the Ministry of Health, noted that the challenge of high mother-to-child transmission rates at 8.6% remains despite the country's significant progress in the past decade, with a 57% reduction in new HIV infections and a 68% decrease in AIDS-related deaths.

She lauded Homa Bay County, under the leadership of Governor Hon. Gladys Wanga, for playing host for the launch of the crucial national dialogue.

H.E Gladys Wanga, Governor of Homa Bay County, said the plan would help her county, which has a high HIV prevalence, make significant milestones in ending HIV.

According to Dr Rose Wafula, the Head of the National Aids and Sexually Transmitted Infections (STI) Control Programme (NASCO), Kenya's treatment coverage for children living with HIV stands at 85 per cent, with only 74 per cent of them achieving viral suppression.

To address these challenges, the plan christened "Wakati Ni Sasa, End AIDS in Children" (loosely translated in English as "It is Time") will see government and development partners in health prioritize ending HIV among children.

"Let us ensure children's voices are heard by implementing this plan with fidelity and ensure no child is infected with HIV by 2027", urged Dr. Wafula.

Acknowledging the importance of global partnerships and collaborative efforts in HIV/AIDS response, the Cabinet Secretary expressed her commitment to end AIDS in children as she launched the Plan to End AIDS in Children by 2027.