

A woman with short brown hair, wearing a dark top, is seated at a wooden podium, looking down at papers. The background is filled with orange protest signs. One sign reads "PEDIATRIC HIV IS A DEADLY CRISIS. WE DEMAND ACTION." Another sign says "WAKE UP! OUR CHILDREN ARE DYING!". A nameplate on the podium identifies her as a representative of Nongovernmental Organizations. The scene is a press conference or public hearing.

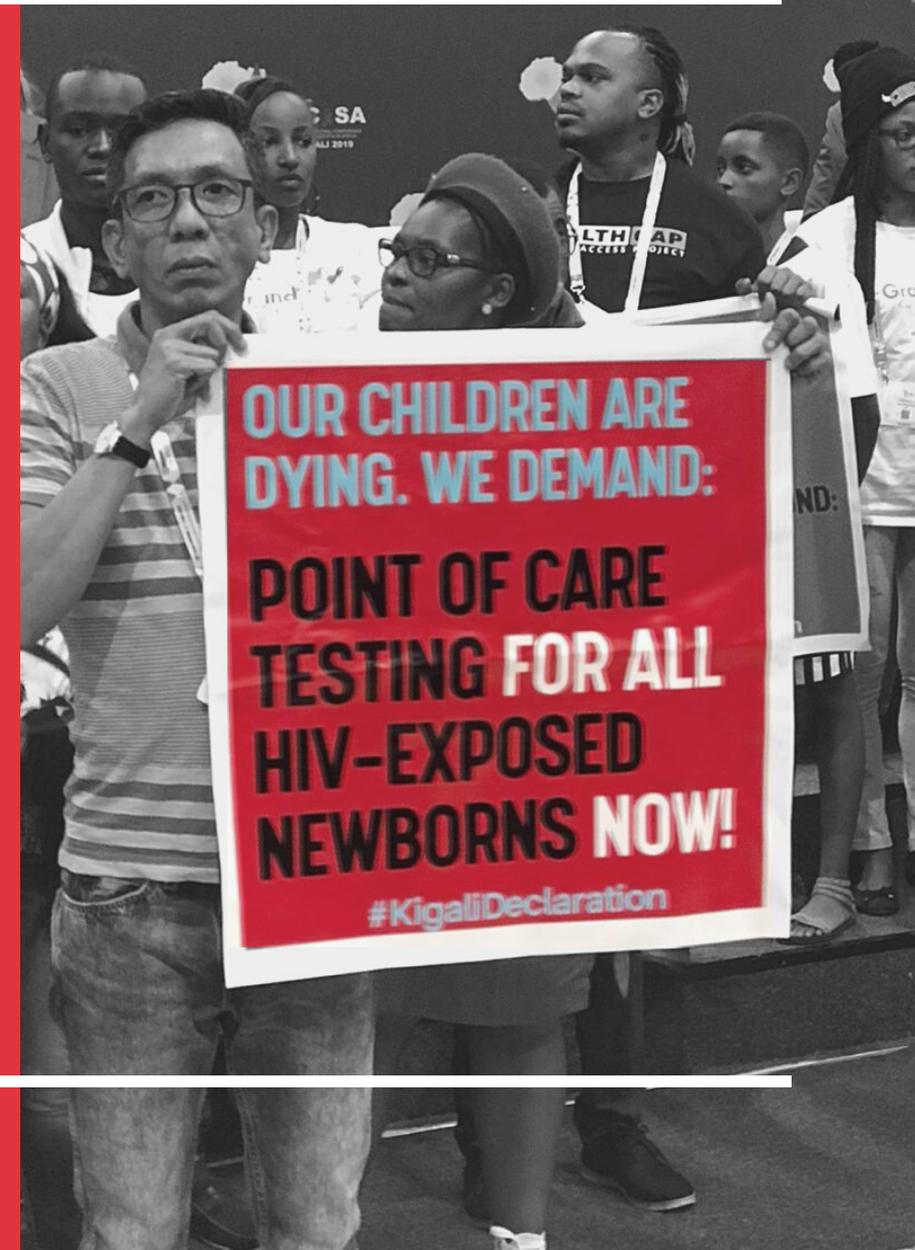
Overview of the Kigali Declaration

BACKGROUND

The Kigali Declaration

was born out of a protest at ICASA 2019 in Kigali.

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THE FACTS



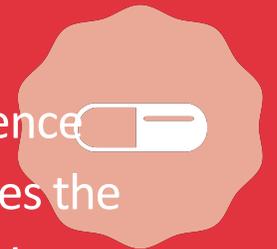
1.8 million children globally aged 0-14 living with HIV.

Needs of HIV positive pregnant and breastfeeding women for comprehensive community-led support for their own health and the health of their pregnancy is precisely the type of essential service that formal health systems too often fail to provide.

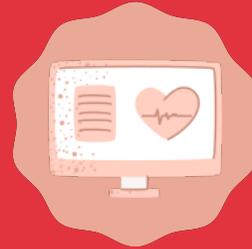


The new era of 'Universal Health Coverage' (UHC) is a hollow promise to children with HIV who are suffering and dying without access to point of care early infant diagnosis (POC EID) and treatment.

The prioritization of HIV incidence reduction, by definition, ignores the urgent treatment needs of HIV positive children.



Vertical transmission rates are stalled at 12.7% globally. Only 54% of children 0-14 years old have access to treatment to halt rapid disease progression and death, and to secure a chance at a long lifespan.



Globally, only 52% of children born exposed to HIV have access to an early infant diagnostic test within the first two months of their lives, and of those who are tested only 19% receive results in 30 days

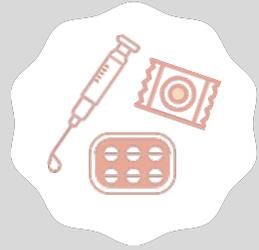
Women with HIV are still at risk of poor clinical outcomes and transmission of HIV during their pregnancies, deliveries, and breastfeeding because health systems are not providing the support they need - they experience stigma, discrimination, attitudes and other injustices that



and breastfeeding because health systems are not providing the support they need - long wait times, poor health worker attitudes drive them from care.

DEMANDS

Pregnant and breastfeeding women at risk of HIV infection require access to PrEP and



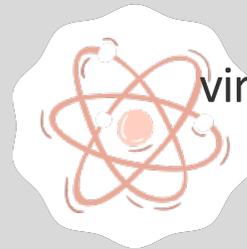
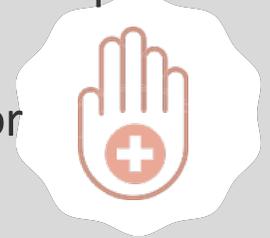
other high impact prevention measures, as well as HIV testing during pregnancy.

All children born exposed to HIV must have point of care early infant diagnosis (POC EID).



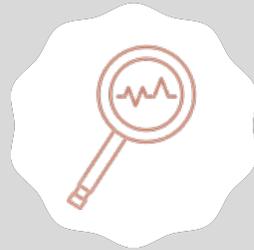
Women face higher risks of sexual and physical violence when they are pregnant and require health

systems to respond to their needs for access to justice.

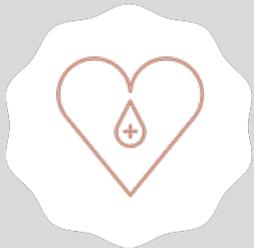


Children with HIV need powerful treatment regimens that can deliver viral load suppression despite high rates of background drug resistance.

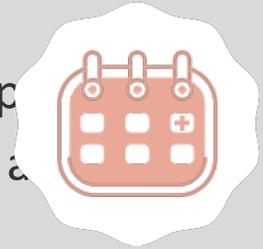
Children also need effective screening, diagnosis, prevention and treatment for the main threats they face such as paediatric tuberculosis.



Children with HIV and their caregivers need HIV programs that guarantee all HIV positive children are provided community-led service delivery interventions.



National programs must develop public 95 95 95 targets for 2020 at national, sub-national and local levels together with public tracking of progress and setbacks, and must disaggregate their program data by age.



PEPFAR must support scale up of POC EID and powerful, durable pediatric treatment as a condition of COP 2020 implementation.



Affordable prices for pediatric treatment, and a robust R&D plan for improved child-friendly treatment formulations.



All governments must deliver rapid increases in HIV funding to address the pediatric HIV emergency, so that pediatric programs no longer hide behind the excuse of insufficient funding.



The Global Fund to Fight AIDS, Tuberculosis and Malaria must support countries to use the 2020-2022 implementation cycle to scale up POC EID and powerful, durable pediatric treatment.



Community perspectives:

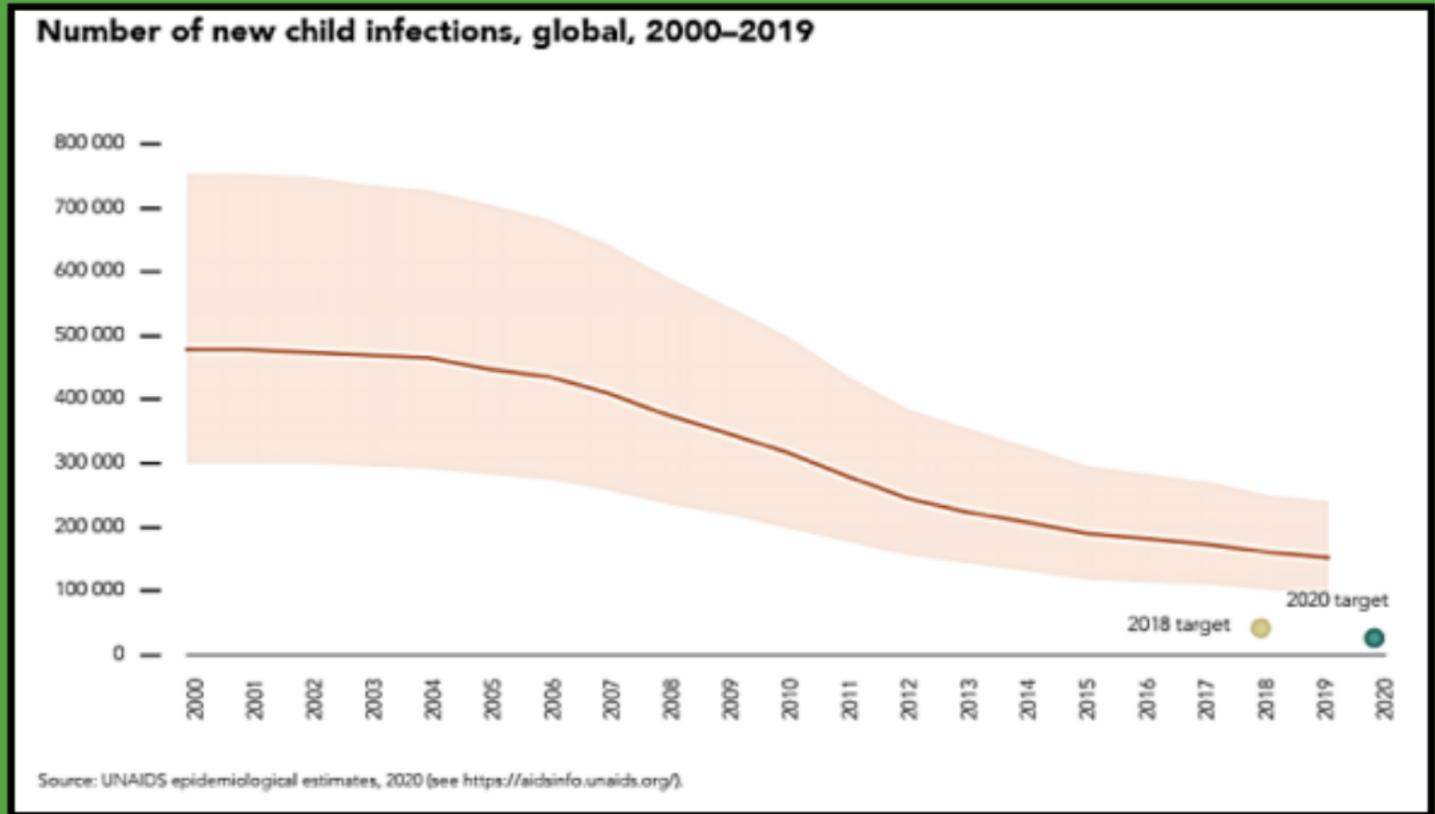
What does the picture look like on key issues
affecting children?

Women Fighting AIDS in Kenya

PRESENTER: JACKLINE OKINYI

Beyond HIV and AIDS

The needs and rights of women during pregnancy and breastfeeding



BREASTFEEDING BENEFITS FOR MOTHER AND CHILD

Burning of
and fastening
extra calories the loss
of pregnancy weight.



Provision of ideal
nutrition for infants.



Breastfeeding releases the
hormone oxytocin which helps
the uterus return to its pre-
pregnancy size.



Breast milk contains
antibodies that help
infants fight off viruses
and bacteria



It lowers the risk of breast
and ovarian cancer.



RIGHTS AND NEEDS OF PREGNANT AND LACTATING WOMEN

a) Adequate services and support can help women protect themselves from acquiring HIV before and during pregnancy and throughout the breastfeeding period.

b) HIV testing should be provided as part of the care women receive before, during and after pregnancy.



c) Breastfeeding and HIV treatment support from families, communities, health workers and society for women living with HIV.

d) Access to early infant diagnosis and quick turnaround time of results for their new-born babies.

e) Disclosure support by health care providers.

CURRENT CHALLENGES FOR PREGNANT AND BREASTFEEDING MOTHERS IN KENYA



Nevirapine stock out



Lack of access to Point of
Care Early Infant Diagnosis



COVID-19



Gender Based Violence

WOMEN FIGHTING AIDS IN KENYA (WOFAK) RESPONSE



INUKA! initiative: Improved access to paediatric HIV care through a community intervention model in Kenya.

Sexual and Reproductive Health Rights for Women Living with HIV in Kenya.



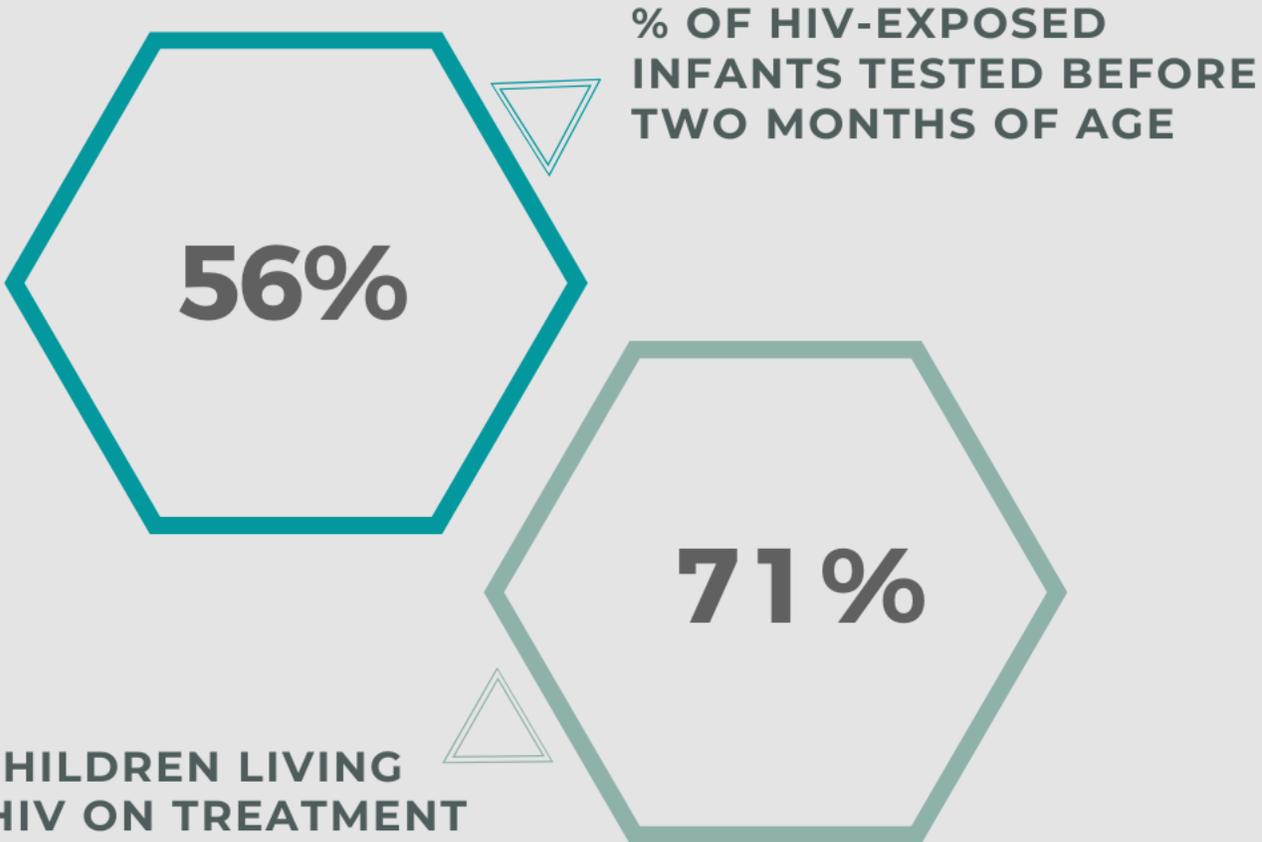
Point of Care Early Infant Diagnosis



GLOBAL NETWORK OF
YOUNG PEOPLE
LIVING WITH HIV

Annah Sango

Infant testing and treatment rate in Zimbabwe

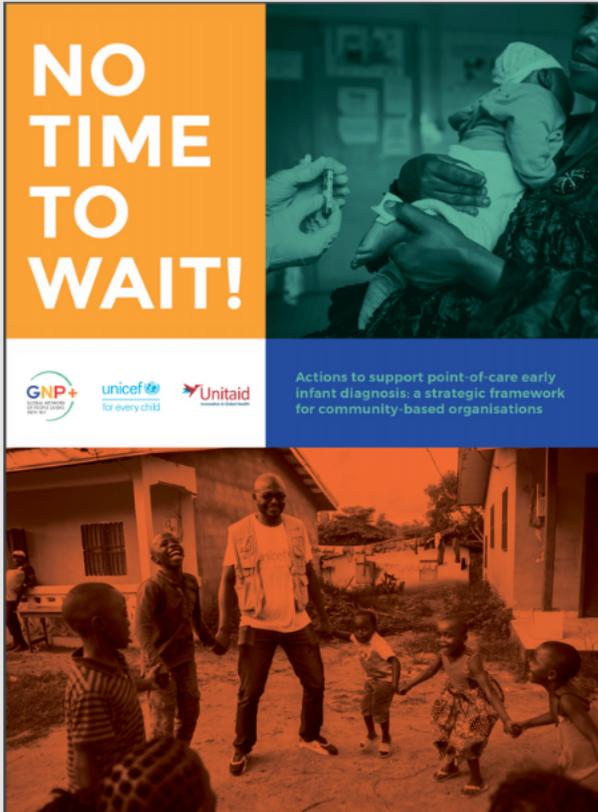


WHAT IS HAPPENING?

- Point of care machines available in some health facilities, but there is a need for more.
- Even where POC machines are available, parents/caregivers are unaware.
- Fear and stigma around testing babies – parents/caregivers need support
- Funding models such as GF and PEPFAR have enabled tech infrastructure that allows for efficient communication.
- Remarkable progress has been made on adopting guidelines around POC.



WHAT WE NEED



More POC EID machines and information about them across health facilities needs to be readily available.

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Networks of PLHIV and CBOs doing more demand creation and work with parents/caregivers, e.g. through roll-out of Strategic Framework on POC EID

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Investment in work of networks and CBOs to support parents/caregivers and families as a whole to go through process and manage results.

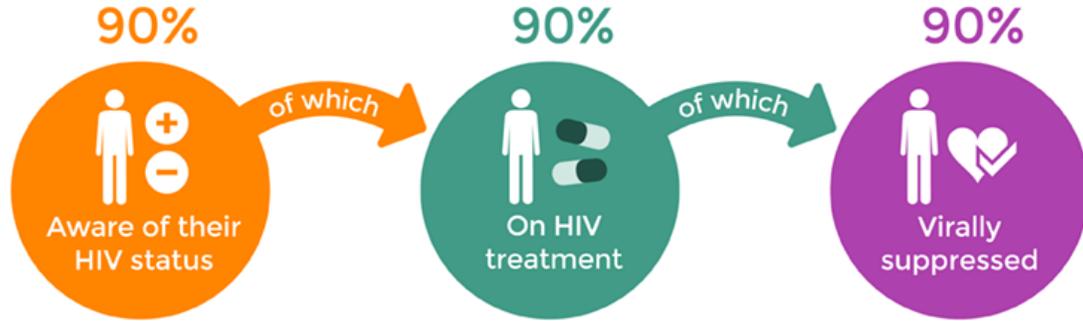
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Increase in community engagement especially for young mothers, single fathers, as well as marginalised communities, especially in rural areas.

Community-led service delivery for HIV and other main health threats to children.

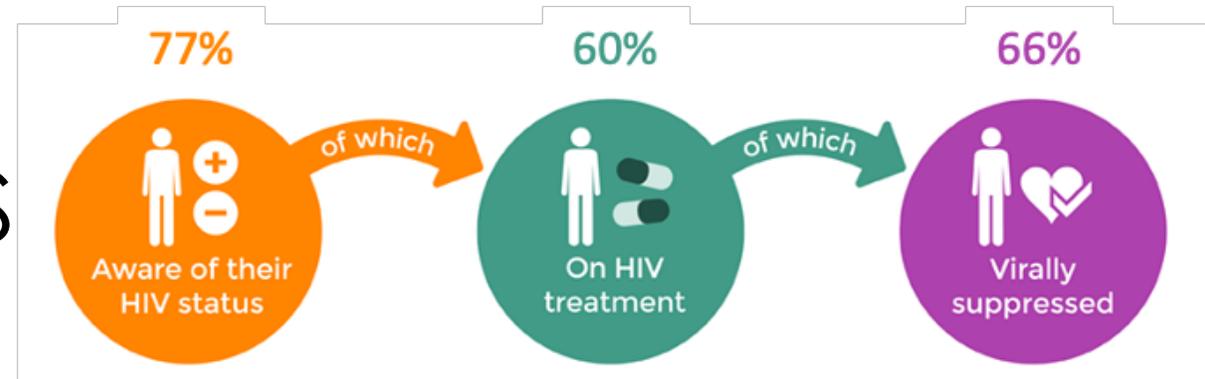
UNAIDS Targets vs SA Paediatric Performance

UNAIDS 90-90-90



VS

SA PAEDIATRIC 2019 PERFORMANCE



Why aren't we able to achieve 90-90-90 for paed's?

- Stigma
- Sub-optimal paed's drugs
- Structural drivers
- Facility access

Community Clinic Collaboration



Case finding in communities



Health Facility



Safer-sex Ed

Homework Support

Sports & Recreation

Economic Strengthening

Psycho-social Support

Mental Health

Community case finding that works

INDEX TESTING



Data mine clinic records to ID HIV+ men aged 20 & 29



Consent +
Contact Tracing



Up to 53% HIV+ rate



Consciousness raising @
Schools



Increased agency



Choice to test



Up to 31% HIV+ rate

MOBILE TESTING



Under-serviced communities
with limited clinic access

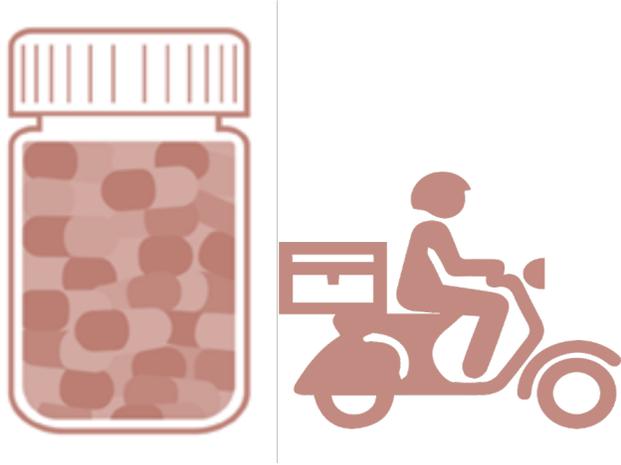


Convenient & Anonymous



Up to 15% HIV+ rate

Adjusting to COVID-19



Improve adherence:
Medication & hygiene
packs delivery



Mental health support:
SMS treatment reminders
& WhatsApp psycho-
social support groups

COMMUNITY-LED SERVICE DELIVERY FOR HIV & OTHER MAIN HEALTH THREATS TO CHILDREN

Olubukola Ayinde | AfroCAB Nigeria

Community- led service delivery for children living with HIV

As stated in the Kigali Declaration
we need to WAKE UP!

HIV-positive children are dying and
suffering due to poor access to
needed HIV care interventions and
community-led service delivery that
has PROVEN TO WORK.

COMMUNITY - LED SERVICE DELIVERY

- Reduction in vertical transmission
 - Accessing cheap, feasible and rapid diagnostics (POC-EID)
 - Increasing HTS coverage for adolescents.
 - Provision of treatment literacy and education.
- Psychosocial support for parents and/or caregivers.
- Adherence and retention in care
- Improving treatment outcomes and addressing other health needs in children.



Community led service delivery for children living with HIV can be delivered to support

OPPORTUNITIES FOR COMMUNITY-LED SERVICE DELIVERY

- Engagement and mobilization
- Advocacy (newer diagnostic tools, optimized ARVs medication)
- Community-led Differentiated Service Delivery (community refill groups)
- Demand creation for service (POC EID, Advance HIV disease).
- Provision of continuous and on going treatment literacy.
- Caregiver and adolescent support groups, adherence club



PEDIATRIC ARV DRUG REGIMEN CHALLENGES

Children with HIV need powerful treatment regimen that can deliver viral suppression

We need:



Quick access to optimal ARV for children



Children friendly drugs with lesser or no side effect



More varieties of regimen like in adult



More options for 2nd and 3rd line drug regimen for children.



Fixed dose regimen for children

Concluding Remarks

Without doubt we have evidence showing community-led interventions have contributed greatly to meeting targets and improved outcomes in the HIV response.

We need to ensure that community led interventions are funded and supported more for children and adolescent care.

Current context for children in light of COVID

Advocacy, activism and accountability

**HIV+ KIDS ARE *STILL* GETTING
SECOND-CLASS CARE.**

**JOIN US TO TAKE
ACTION AND FIGHT BACK.**



WHAT YOU CAN DO:

**[1] SIGN ON,
SHARE:**

[2] JOIN US:

Register for our next advocacy strategizing call, Sept. 3: email maureen@healthgap.org.



ROME ACTION PLAN

STAKEHOLDERS' COMMITMENTS

Donors: Elma The Global Fund PEPFAR UNITAID

Research Networks: IMPAACT PENTA ICAP at Columbia University

Regulatory: EMA USFDA WHO PQ

UN and International Orgs: CHAI DNDi FIND MPP UNAIDS UNICEF WHO

Pharmaceutical: Cipla Gilead Hetero Janssen Macleods MSD Mylan ViiV

Diagnostic: Abbott Cepheid Diagnostics for RW Hologic Roche OraSure

Implementing Partners: EGPAF GNP+

FBOs: CI CRS FBOs

Governments: Kenya Zimbabwe

Catholic Church: Catholic Church

Partnerships: GAP-f

All Stakeholders: All

Paediatric HIV: Rome Action Plan

The Global Fund

2018 DIAGNOSTICS

The Global Fund

12. Discourage and refrain from funding national evaluation studies that would be duplicative of studies done for WHO PQ listing or SRA approval.
13. Fund impactful technologies and interventions quickly.
14. Support in a transparent manner the procurement of commodities and operational costs to maintain and further scale-up POC EID, as well as viral load testing for infants, children, and pregnant and breastfeeding women, as an integral part of optimized and integrated national laboratory networks and in accordance with national EID and VL plans and targets.
15. Support the development of a competitive, healthy, and sustainable market for POC and laboratory technologies.
16. Continue to support WHO PQ to shorten timelines for dossier review and minimize time to national registration.

Updates

2018 TREATMENT

The Global Fund

21. Support catalytic procurement of all or part of initial validation batches from manufacturers such that product availability is not delayed once approval or tentative approval is achieved.
22. Incentivize commercialization of new paediatric ARV products "at risk" to accelerate introduction and scale up of new paediatric ARV product such that product is available at time of approval/tentative approval/prequalification.

Updates

The HIV response is failing our children.

The failure is our failure if we
don't make it a priority

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