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Kenya's race towards elimination of pediatric HIV

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Introduction: According to Kenya AIDS Indicator Survey (KAIS) 2012, 1.2 million (5.6%) people live with HIV/AIDS. Globally Kenya is ranked among 22 priority countries targeted to reduce new HIV infections in children. Approximately 101,000 (0.9%) children between 18 months-14 years are HIV-infected, majority due to mother to child transmission. In 2013 WHO recommended use of HAART for all HIV positive pregnant and lactating women; guideline adopted by Kenya in October 2013.

Methods: Dissemination of national guidelines was done by National AIDS Control Program assisted by implementing partners. There was nationwide rollout of option B plus starting with large volume facilities offering ART and facilities which already integrated HAART within MCH. USAID APHIA PLUS Kamili scaled up option B plus to 134 high volume facilities in Eastern and Central Kenya. Service providers were oriented on new guidelines. Regular supervision, mentorship, routine chart reviews and HIV-exposed infant cohort analysis was established. HIV positive mentor mothers were placed in high volume facilities, to support adherence and retention in care of HIV positive pregnant mothers. HAART was integrated into MCH for easy access. Exclusive breastfeeding for six months was encouraged. National EID website was monitored for PCR results.

Results: Between October 2013 to September 2014, a total of 1,320,664 pregnant women were tested for HIV of whom 66,258 (5%) were HIV positive. Of those positive, 56,137 (85%) were put on ARV prophylaxis. Of those on prophylaxis, 64.2% were on HAART for life (Option B plus). For KAMILI supported zone, EID positivity reduced between APR 2013 and 2014 as follows: @2mo from 5.9% to 4.8%; @9mo from 7.5% to 6.2%; @12mo from 7.8% to 6.7%; @ 18mo from 8.7% to 7.5%. Nationally six weeks PCR positivity has dropped as follows: 12% (2010); 10% (2011) ; 6% (2012) ; 5% (2013) and; 4% (2014).

Conclusion: Introduction of option B plus in Kenya has contributed to further reduction in mother to child transmission of HIV, leading to achievement of Kenya's goal of virtual elimination (transmission <5%) by 2015. Exclusive breastfeeding for six months, use of mentor mothers and integration of HAART within MCH are key success factors.

Biography

Mudany Mildred completed her Master's Degree in Pediatrics from the University of Nairobi and her PhD in Tropical Medicine in 2004 from Tokyo Women's Medical University. She is the Country Director of Jhpiego, an affiliate of Johns Hopkins University, Kenya. Prior to this, she worked for Centers for Disease Control and Prevention (CDC) as a Senior Technical advisor in PMTCT and Chair for USG Inter-agency Technical Team on Maternal, Newborn and Child Health. She has published more than 15 papers in reputed journals and made significant contributions to Guidelines in PMTCT, Infant Nutrition and Early Infant Diagnosis of HIV.

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