



**CHAMPIONS**  
FOR AN HIV-FREE  
GENERATION

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## KENYA FINAL COMMUNIQUE

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*“Stronger, more visionary and outspoken leadership must come from the continent most affected by this epidemic.”*

**AUGUST 10, 2012**

We, the Champions for an HIV-Free Generation, have been on a mission to Kenya to advocate for a *‘stronger, more visionary and outspoken leadership’* in HIV prevention.

We note with great appreciation the evidence of the leadership of His Excellency, President Mwai Kibaki in the fight against HIV and AIDS in this great country Kenya. We wish to applaud the leadership at all levels; be it political, traditional, religious or civil, for the efforts and progress made to date in this fight. Yet, there is still a lot to be done still.

Notwithstanding the remarkable successes already achieved in Kenya, HIV infections are still unsustainably high. More than a million people are already living with HIV, while 250 people in Kenya, continue to be infected every day. It is now more imperative than ever before that we stop new infections. At this rate our national response will not be sustainable at a time when external assistance is diminishing at an alarmingly fast rate.

We observe that commendable efforts have been made to increase the number of people in Kenya who know their HIV status and that there have been some successes as greater proportions got counseled and tested. It is evident that more still needs to be done in this area. The current low levels of counseling and testing compromise the ability of the Kenyan people to make informed choices; and to protect themselves from HIV and AIDS.

We thus appeal to the leadership in Kenya to get more people HIV tested and counseled, with greater urgency than before. We now know more than before what works and what we should be doing to eliminate new infections and keep people alive. It is no longer a mystery; we need to capitalize on these gains to maximize our impact.

We observe with great admiration, progress that Kenya has made by achieving 21% of the targeted 1.1 million medical male circumcisions by the end of 2013. We applaud this achievement and caution against possible complacency. Male circumcision is not a magic bullet to prevent new infections. It is only an add on strategy.

We applaud the strong visionary leadership demonstrated by the Luo Council of Elders and the Prime Minister in this endeavour.

We are also aware of the innovative approaches used towards improving counseling and testing levels and medical male circumcision rates. In this regard we have taken particular note of the 'Rapid Response' initiative as a Kenyan home grown innovative initiative. The Champions consider this 'a best practice' that should be shared with the other countries in sub-Saharan Africa. Kenya is a star in this respect.

Kenya has made commendable strides enrolling pregnant women in the Prevention of Mother to Child Transmission (PMTCT); having increased uptake to 79%. We further commend the foresight in integrating PMTCT with maternal and child health services including family planning. It is critical that as we prevent the child from getting infected we also keep the mother alive, to continue to further improve the chances of the child's survival.

We are however concerned that, at 26%, the rate of HIV transmission from mother to child is still unsustainably high. We now know that it is possible to have all pregnant women enrolling in the programme and also that we can eliminate mother to child transmission. We can no longer afford to have infants dying of HIV due to this kind of transmission. Similarly, we cannot continue having mothers dying due to causes related to HIV positive status. We thus urge you to get mothers to deliver in the health facilities. We recommend that leadership should be heard and seen to amplify its voice in preventing deaths of children and mothers.

We can achieve 'zero infection' and 'zero deaths' in this area by 2015.

We commend the government of Kenya for having put 81% of people eligible for treatment, on treatment. We urge Kenya to sustain and scale-up the current rate to save more lives. There is concern that although 81% is significantly high, it is anchored on a smaller base of the population which knows its HIV status. People who are HIV positive but do not know their status are in the majority. We have the opportunity to do more and we need to do more by availing treatment to those who need it. We cannot afford this powerful opportunity to prevent new infections pass us by.

This is even more so that the current scientific evidence shows that treatment will not only prevent death but will also prevent infection even among those HIV infected if administered diligently. We therefore recommend that Kenya should increase testing and treatment to more people. We are aware of the likely costs involved yet we are also aware of the high returns of effective treatment.

We note that it is already part of the Kenya national strategic plan that health systems strengthening should be implemented as a critical part of a national multi-sectoral response. We can only encourage Government to expedite this investment, as without this, all efforts will yield very little.

We note with appreciation that Kenya is making strides towards owning and sustaining the national response by mobilising domestic resources. Of particular note is work that has started on the development of new funding strategies, especially the establishment of the HIV and AIDS Trust Fund. We urge the national leadership to continue to define additional strategies to increase investment in its own people. We have been informed of the potential for local production of condoms and ARVs. We urge the leadership to look into this and define the best ways to reduce the cost of treatment and prevention.

Creating and enabling legal environment is also critical to the national response. To this end, we urge that the current Bill that will be establishing the national coordinating structure be expedited. We strongly recommend that coordination should continue to be done by the Office of the President. It is also critical that the devolution dispensation is accompanied by greater role clarity, governance and accessibility.

We are aware of the commendable work towards the development of the East African Community HIV & AIDS Prevention and Management Bill 2012 that was adopted by the East African Legislative Assembly (EALA) on 23 April 2012. We have also been made aware that the Bill is currently pending assent by all five EAC Heads of States. The Champions strongly support the intention of the region to cooperate towards harmonising HIV and AIDS legislative frameworks.

Last, but certainly not least, we urge the leadership to safe guard the human rights of all citizens; be they men who have sex with men, sex workers or lesbians and adhere to the UN declaration on Human Rights, which indicates that they too have a right to access health services particularly HIV prevention services such as counselling, testing and treatment.

We would like to reemphasize that we should be cautious regarding the complacency that is beginning to set in. We urge our leaders to continue to amplify their voices and be heard even more clearly now that we can see the possibility of an HIV-Free generation. Complacency is beginning to set in; in most of our countries when we are not yet out of the woods. We have not conquered AIDS; but only just stabilised the situation, at the most. We thus run the risk of regressing on some of the already hard-earned successes. We therefore plead with the Kenyan authorities and the national leadership to stay engaged.

We take this opportunity to express our gratitude for the warm welcome we received in Kenya. As the first East African country visited by the Champions we believe Kenya will lead the way in terms of HIV prevention in the region. Let us rise and fight this epidemic as a region to safe guard our children or people and our economy.

Together we can do more, we owe it to our people.