Elizabeth Glaser Pediatric AIDS Foundation

Until no child has AIDS.

Parallel Report by the Elizabeth Glaser Pediatric AIDS Foundation on the Report by Kenya under Article 16 and 17 of the International Covenant on Economic, Social and Cultural Rights

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I. Introduction

1. The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has been working in Kenya since 2000 to increase women's access to high-quality services to prevent mother-to-child HIV transmission, as well as to expand access to HIV prevention, care, and treatment for women, children, and their families. EGPAF is a key partner of Kenya's Ministry of Health and collaborates with multiple partners to support mother-to-child HIV transmission prevention and other HIV prevention, care, and treatment services in Kenya.
2. As detailed below, Kenya is one of the countries with the highest rates of HIV prevalence, and the epidemic disproportionately affects young women and children. Significant progress has been made in recent years in Kenya to prevent mother-to-child transmission of HIV, though increased efforts are needed to meet the goal of elimination of such transmission. On the other hand, there remains significantly more work to be done to address the large gap in treatment between children and adults and to increase the overall rate of persons retained on antiretroviral treatment (ART). Stigma and discrimination are recognized by the government of Kenya and civil society actors as significant barriers to ensuring an adequate HIV/AIDS response.
3. The International Covenant on Economic, Social and Cultural Rights (CESCR) contains several provisions with a bearing on the prevention and treatment of HIV among women, children, and their families, including the right to health, non-discrimination, education, social security, and the protection of children. Kenya's report touches on some of the steps they have taken to further respect, protect, and fulfill such rights in the reporting period, including several provisions included in the 2010 Constitution. At the same time, the report provides little information on specific steps Kenya has been taking to address the ongoing shortcomings in HIV prevention and treatment, especially among children.
4. As described below, EGPAF considers that further elaboration should be requested in the List of Issues on steps taken by Kenya to create a more enabling social, political, financial, and legal environment for HIV prevention and treatment services, especially among women and children. This report will focus on the prevention and treatment of HIV among children, who are disproportionately affected by the epidemic in Kenya. It will examine the right to health, including HIV/AIDS health services, domestic financing for HIV, combating stigma and discrimination, and sexual and reproductive health. It will also look at gender equality, the right to education, and social protection as they relate to HIV prevention and treatment.

II. HIV and the Right to Health

5. Article 12 of the International Covenant on Economic, Social and Cultural Rights guarantees "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health," with States Parties required to take steps, *inter alia*, to provide for the reduction of infant mortality and for the healthy development of the child; prevent, treat and control epidemic, endemic, and other diseases; and create conditions which would assure to all medical service and medical attention in the event of sickness. In the context of HIV/AIDS, these provisions entail a legal responsibility for each State Party to progressively ensure fully available, accessible, acceptable, and quality HIV prevention, testing, treatment, and care services, including access to affordable medicines. All services, including testing, should be voluntary with sufficient protection for confidentiality of data. Furthermore, States Parties must review all laws and policies and revise or repeal any elements that act as barriers to effective HIV diagnosis, treatment, care, and counseling.
6. As noted above, children suffer disproportionately from HIV in Kenya. According to the latest data from UNAIDS, children make up around 11% of the estimated 1.4 million people

living with HIV. Yet children counted for 23% of total new HIV infections in Kenya in 2014, and 25% of deaths from AIDS-related causes.[1] As well, only 41% of children living with HIV were receiving anti-retroviral treatment (ART) in 2014, as opposed to 57% of adults. Such data signifies a need for Kenya to make a more determined effort to improve pediatric HIV prevention and treatment in order to meet its obligations under Article 12.

7. Decreasing rates of mother-to-child HIV transmission and increasing rates of testing and treatment for HIV-exposed children will require Kenya to undertake a wide range of additional efforts, many of which are contingent upon improvements in Kenya's overall health care infrastructure, including adequate health facilities, sufficient and properly trained health care workers, and affordable and available medicine and diagnostics. In order to ensure long-term sustainability of such services, it is important for Kenya to decrease dependence on foreign aid and increase domestic financing attributed to health.

8. **Prevention of mother-to-child transmission of HIV (PMTCT)** involves several areas of action along the "cascade" of care. First, there needs to be increased effort to prevent HIV among women by addressing legal, cultural, economic, and social factors that put some women at higher risk of acquiring HIV (such as dropping out of school, early and forced marriage, intimate partner violence, and economic insecurity that leads to transactional sex). Second, there needs to be comprehensive, available, and accessible sexual and reproductive health services to help HIV-positive women decide if and when they want to become pregnant. Next, HIV-positive women who are pregnant need to know their status through early testing, and then should be initiated on ART as early as possible during the pregnancy and through the end of breastfeeding to maximize protection for the baby.

9. Recent WHO guidelines call for pregnant and breastfeeding women to stay on ART for life regardless of their CD4 count to best protect their health and that of the baby during pregnancy, breastfeeding, and any later pregnancies. Kenya adopted these so-called "Option B+" guidelines in 2014, and is working on scale-up to the national level.[2] Significant challenges remain to completing this considerable expansion of treatment, however, including insufficient human resources and laboratory equipment to cover the increased need for distribution of medicine and regular testing of viral loads. Long distances to health clinics and the costs associated with travel or time away from economic activities also discourage many women from regular adherence.[3]

10. Kenya has made good progress in improving access to ART for pregnant and lactating women, though it still has far to go before reaching virtual "elimination" of mother-to-child transmission according to the WHO definition.[4] In 2014, 67% of pregnant women with HIV received ART, compared with a global average rate of 73%. The mother-to-child transmission rate in 2014 was 17%, slightly higher than the 14% average rate for 21 UNAIDS focus countries in Sub-Saharan Africa. Among the many remaining challenges is the fact that many pregnant women are not completing the recommended four ante-natal care visits, which enable health-care workers to monitor adherence to treatment, check whether the ART is effectively suppressing the virus, and conduct further testing of HIV-negative women to determine if they have become infected with HIV during the pregnancy.

11. Progress on **diagnosing and treating infants and children with HIV** has been much slower in Kenya, with only 41% of children with HIV taking life-saving antiretroviral drugs in

[1] UNAIDS, "How AIDS Changed Everything: MDG 6: 15 Years, 15 Lessons of Hope from the AIDS Response," July 2015, p. 448-495. See also AIDSInfo, http://aidsinfo.unaids.org/
[2] "Option B+ Countries and PMTCT Regimen," http://www.emtct-iatt.org/b-countries-and-pmtct-regimen/
[3] Miriam Gathigah, "Divided Opinions on Feasibility of Kenya's Option B+ Roll Out," Inter Press Service, 26 May 2014, http://www.ipsnews.net/2014/05/divided-opinions-feasibility-kenyas-option-b-roll/
[4] According to the WHO, elimination of mother to child HIV transmission requires under 2% rate with no breastfeeding, and under 5% if a mother breastfeeds.

2014. For those infants exposed to HIV during pregnancy or breastfeeding, it is critical to both quickly give them prophylactic drugs and test them for HIV. Infants with HIV must be initiated on treatment as quickly as possible. Due to their immature immune systems, infants with HIV are at much higher risk of developing AIDS. Without treatment, 50% of children with HIV will die by their second birthday, and 80% will die before they turn five. UNAIDS has recently set a global target of 90% of persons with HIV knowing their status; 90% of diagnosed persons on ART; and 90% of persons on ART with viral load suppression by 2020. The targets apply to children as well as adults. Kenya will need to double the number of children on treatment by 2020 to meet this target.

12. Knowing an HIV-exposed baby's HIV status is the critical first step to providing life-saving treatment. Yet early infant diagnosis tests are usually only available in centralized laboratories, which may be far from villages where women and infants are receiving post-natal care. EGPAF has observed that long turn-around-times on such test results continue to be a problem in Kenya. As it can take weeks or even months to deliver results, it may be too late to save the baby's life by the time results are received. As well, poor follow-up of mother-baby pairs mean that many mothers or caregivers never receive test results or linkage to treatment for the baby. There is also a need to increase the laboratory capacity though lab networking and ensuring that the appropriate commodities are available for more testing of HIV status and viral load (which shows how people are responding to medicines).

13. In recognition of the significant treatment gap between children and adults, Kenya's president stated in February 2015, "I have directed the ministries of education and health to initiate programmes that will ensure all HIV-positive children are provided with life-saving medication. The issue of children living with HIV not on antiretroviral therapy must be addressed without further delay."[5] Improved care and treatment of HIV-exposed infants will require early infant diagnosis at point of care (a project EGPAF will soon begin in collaboration with the Ministry of Health); better tracking and servicing of mother-infant pairs; increased use of community outreach programs to find cases and retain children on treatment; and training of health care workers on effectively delivering HIV care and treatment to children. Better data collection is also needed in Kenya, as the current Health Information System does not disaggregate HIV data on children and adolescents separately, making it difficult to take evidence-based steps for these age groups with distinct prevention, care, and treatment needs.

14. **Kenya's report to the Committee on Economic, Social and Cultural Rights** under Articles 16 and 17 notes some positive developments in its efforts to promote the right to health in global terms, in relation to HIV/AIDS, and in connection to the steps outlined above to prevent and treat HIV among women and children. First of all, Kenya's 2010 Constitution guarantees the right to the highest attainable standard of health as well as access to essential healthcare services, including reproductive health. It also "requires the State to take legislative, policy and other measures to progressively achieve the realisation of those rights (Article 21)"[6] and domesticates international legal obligations, such as International Covenant on Economic, Social, and Cultural Rights. Taken together, Kenya has a clear legal responsibility, to the maximum of its available resources, to ensure access to prevention, testing, care, and essential medicines at affordable prices by persons living with HIV or AIDS and those exposed to the risk of HIV infection.

15. In addition, Kenya passed the HIV and AIDS Prevention and Control Act of 2006, as recommended by the Committee.[7] The law, which came into force on 30 March 2009, creates a legal framework for the prevention, management and control of HIV and AIDS. Full

[5] UNAIDS, "How AIDS Changed Everything," p. 158.
[6] Report by Kenya to the Committee on Economic, Social, and Cultural Rights, July 2013, p.12.
[7] Report by Kenya to the Committee on Economic, Social, and Cultural Rights, July 2013, p.38.

implementation of commitments under the Constitution and the HIV and AIDS Act would certainly help ensure all women and children with HIV have access to essential testing, treatment, and care.

16. Kenya also reports that maternity fees were abolished in all public hospitals as part of its efforts to decrease maternal and child mortality. According to UNAIDS, this change resulted in a 50% increase in births in a health facility, which is an important factor in ensuring safe deliveries and that mothers and babies are given medicines to prevent HIV transmission.[8]

17. According to Kenya's report, the High Court recently declared as unconstitutional anti-counterfeit legislation that might have prevented HIV-positive patients from accessing generic antiretroviral drugs, which are significantly less expensive than brand-name medicines.[9] The Court asked the government to revise Article 2 to differentiate between generic and counterfeit drugs, thereby ensuring those persons in need of life-saving medicines could access them at affordable prices.

18. In March 2015, Kenya's High Court also ruled unconstitutional a section of the HIV and AIDS Prevention and Control Act that imposed a broad obligation on persons with HIV to disclose their status and made it a crime to "knowingly or recklessly" put another person at risk of becoming infected with HIV.[10] As part of its justification for the decision, the Court affirmed that the language "could be interpreted to apply to women who expose or transmit HIV to a child during pregnancy, delivery or breastfeeding."[11] Indeed, the fear of such an interpretation can lead some pregnant women to refrain from life-preserving HIV testing and counseling.

19. According to UNAIDS, "the AIDS response has been costing more than 2% of [Kenya's] GDP, with the government covering 16%, private households providing 14%, and international sources supplying 70%." The government of Kenya has pledged to "lead by example" by raising **domestic HIV funding** to 50% of the costs, while reducing some costs through more efficient processes.[12] According to a 2012 UNAIDS report, Kenya had already begun to substantially increase domestic allocations in recent years.[13]

20. Under the Abuja Declaration of 2001, African Union heads of state pledged to allocate at least 15% of their domestic spending to "the improvement of the health sector." They also pledged that "an appropriate and adequate portion of this amount" would be "put at the disposal of the National Commissions/Councils for the fight against HIV/AIDS, Tuberculosis and Other Related Infectious Diseases." Although the Declaration included a call for sustained international assistance, the political leaders demonstrated their commitment to increased domestic spending as a more sustainable approach to improving health and tackling these diseases. Kenya appears far from meeting this goal, however, with only 4.5% of spending allocated to health care in 2013.[14]

21. In addition, devolution of primary healthcare to the county level under the new Constitution has put an additional strain on an already under-resourced and over-stretched healthcare system. While HIV program management had mainly been a function of the central government, the county governments now have primary responsibility. The county governments are required to allocate 30% of the resources that are devolved to health, but it is unclear what percentage of this amount is actually allocated to HIV programs. Nor is it

[8] UNAIDS, "How AIDS Changed Everything," p. 371.
[9] Report by Kenya to the Committee on Economic, Social, and Cultural Rights, July 2013, p..41.
[10] Kamau Muthoni "2015 Court nullifies section outlawing reckless spread of HIV" *Standard Media*, 24 March 2015.
[11] "Kenya court urges change to law that penalises women who pass HIV to baby " The Guardian, 1 April 2015, http://www.theguardian.com/global-development/2015/apr/01/kenya-court-urges-change-law-penalises-women-pass-hiv-baby
[12] UNAIDS, "How AIDS Changed Everything," p. 212 & 375.
[13] UNAIDS, "Abuja +12: Shaping the Future of Health in Africa," p. 8.
[14] WHO Global Health Observatory Data Repository: http://apps.who.int/gho/data/node.main.75?lang=en

clear what the central government is doing to ensure there is sufficient funding and health care worker capacity to implement HIV programs in both in high-burden counties, as well as in less heavily-affected areas that are expected to receive less foreign assistance in the future.

22. Globally, **stigma and discrimination** still represent key barriers to an effective HIV/AIDS response, standing in the way of people seeking a diagnosis and keeping up with treatment for fear of the impact this might have on personal, societal, or professional relations.[15] Kenya is no exception to this phenomenon, with widespread societal stigma and discrimination, as well as certain laws or government policies that may contribute to discrimination.[16]

23. On the positive side, the HIV & AIDS Prevention and Control Act 2006 clearly prohibits discrimination against persons with HIV in the context of employment, education, housing, or political elections. HIV testing may not be mandatory and cannot be used as a condition for employment, marriage, or admission to an educational institution. The law also established an HIV and AIDS Equity Tribunal to receive complaints from people who claim to have suffered discrimination or stigmatization based on their HIV status. Kenya does not include information in its report on the impact the Tribunal has had to date.

24. Despite legal protections, individuals with HIV in Kenya still report widespread societal stigma that prevents them from disclosing their status, even to family members. The real or perceived stigma in communities and within families has led some HIV patients to hide their medicines, and has promoted others to stop treatment altogether or even throw pills away.[17]

25. Children living with HIV in particular suffer from the impact of stigma as they are more sensitive than adults to negative feedback from others, especially from peers or authority figures. Poor treatment by teachers and schoolmates often discourage them from staying in school or on treatment. With this in mind, President Kenyatta announced in February 2015 that more would be done to fight stigma and discrimination in schools and to help keep children on ART.[18] Yet one of the steps the President took to get a better understanding of the extent of the problem could inadvertently endanger the right to privacy of children with HIV and consequently increase the stigma they face. In February 2015, the President issued a directive calling for data to be collected on children's HIV status, as well as information about their guardians. Both the name of the person and his/her HIV status would apparently be stored together in centralized records, which could have "have far-reaching ramifications for HIV patients in terms of their privacy and confidentiality."[19] In addition, no effort was reportedly made to consult with people with HIV about the directive's implementation, which could have helped the government to collect data in a manner that respected children's privacy.[20] Human rights NGOs are currently challenging the directive in court, arguing it violates a set of fundamental rights and freedoms under the Kenyan constitution.[21]

26. Finally, in line with Kenya's constitutional right to reproductive health, girls and young women must have full and unimpeded access to age-appropriate information about HIV as well as confidential **sexual and reproductive health** services in order to reduce their risk or acquiring or transmitting HIV. Kenya's report to the Committee states that it has created a

[15] UNAIDS, "How AIDS Changed Everything," p. 109.
[16] See "Punitive Laws and Practices Affecting HIV Responses in Kenya," 2014; "The National Symposium on HIV Law and Human Rights, October 2012; and "The People Living with HIV Stigma Index: Kenya, November 2011, "http://www.stigmaindex.org/sites/default/files/reports/Kenya%20People%20Living%20with%20HIV%20Stigma%20Index%20Report%202009.pdf
[17] Robert Manyara KISUMU, "Stigmatization still haunts numerous HIV/ AIDS patients in Kenya," 24 July 2015: http://www.coastweek.com/3830-Stigmatization-still-haunts-HIV-AIDS-patients-in-Kenya.htm
[18] UNAIDS, "How AIDS Changed Everything," p. 158.
[19] "Kenya HIV activists want data destroyed" http://www.bbc.com/news/world-africa-33162869 17 June 2015
[20] Caroline Rwenji, "President Uhuru Kenyatta's order on HIV data challenged in court," http://www.standardmedia.co.ke/article/2000165780/president-uhuru-kenyatta-s-order-on-hiv-data-challenged-in-court 16 June 2015.
[21] http://kelinkenya.org/wp-content/uploads/2010/10/NOTICE-OF-MOTION-Anand-Grover-copy.pdf

pilot voucher system to improve access to and use of reproductive health services. But no further information is provided on steps to broaden availability of such family planning services, contraceptives, and sexual and reproductive health education in schools, as previously recommended by the Committee. A 2014 report by the Kenya Legal and Ethical Issues Network on HIV and AIDS (KELIN) lists as one of its recommendations a continued need to "remove legal barriers to condoms, comprehensive and age appropriate sex education, sexual and reproductive health services."[22]

III. Equal rights of men and women

27. Gender inequality, gender-based violence, and sexual exploitation greatly increase the risk of acquiring HIV by women and girls, and interfere with the ability of those living with HIV to seek treatment. Early and forced marriage, lower levels of schooling, unequal inheritance practices, economic pressure to engage in transactional sex, lack of freedom on health decisions within families, insufficient access to sexual and reproductive health education, and all too frequent gender-based violence all contribute to the fact that girls make up 71% of new infections among adolescents (15-19 years) in sub-Saharan Africa.

28. Kenya has laws that prohibit discrimination, physical abuse, and exploitation of women and girls, but such laws have not yet overcome longstanding cultural norms and societal practices, especially around property rights. As Kenya notes in its report, "A systemic key challenge facing implementation of equal rights for women and men is that, despite any clarity in the law, Kenya's cultural and societal realities still mean that women are de facto discriminated in fields such as inheritance…. Married women in Kenya have been at a disadvantage when it comes to matrimonial and family property, due to cultural practices that prioritise men's claims over land and property over women's claims."[23] Kenya reports that the Matrimonial Property Bill, now enacted into law, would help secure women's access to matrimonial property during and after the marriage if properly enforced.

29. In addition, KELIN argues that in Kenya, "Women are likely to be blamed by their intimate partners, families and communities for 'bringing HIV into the home.' This will increase the HIV related violence against women, increase evictions, ostracism, loss of property and inheritance and loss of child custody by women living with HIV."[24]

30. In addition, UNAIDS reports that over 30% of Kenyan women between 15-24 years old that are, or were, married experienced intimate partner violence in 2014.[25] A study in South Africa found that young women who experienced intimate partner violence were 50% more likely to have acquired HIV than women who had not experienced violence.[26] Indeed, modeling suggests that eliminating sexual violence alone could avert 17% of HIV infections in Kenya.[27]

IV. Right to Education

31. Studies have shown that the longer girls stay in school, the later they are likely to begin sexual relations, get married, or get pregnant; the more likely they are to engage in safe practices when they do become sexually active; and the greater the chance of achieving economic independence – all of which will help protect them from HIV infection.[28]

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[22] KELIN, "Punitive Laws and Practices Affecting HIV Responses in Kenya," 2014, p. 41.
[23] Report by Kenya to the Committee on Economic, Social, and Cultural Rights, July 2013, p. 16 & 25.
[24] KELIN, "Punitive Laws and Practices Affecting HIV Responses in Kenya," p. 21.
[25] UNAIDS, "How AIDS Changed Everything," p. 338.
[26] UNAIDS, "The Gap Report," July 2014: p. 136.
[27] UNAIDS, "How AIDS Changed Everything," p. 420.
[28] Karen Ann Grépin and Prashant Bharadwaj, "Secondary education and HIV infection in Botswana," The Lancet, Vol.3, Number 8, August 2015.

However, many children living with HIV drop out of school because they face discriminatory policies, practices or attitudes, or due to cultural or economic pressures, especially for girls.

32. According to Kenya's submission, Article 43 of the Kenyan Constitution guarantees every person the right to education, and Article 53 reaffirms that children have the right to basic and compulsory education. Primary education is free in Kenya, and Kenya has taken steps to reduce costs of secondary education and otherwise make it affordable to more children of poor families. Further steps to keep girls in secondary school as long as possible will maximize HIV prevention benefits. Evidence from a Kenyan cash transfer program showed that school enrolment reduced the likelihood of early sexual debut by 24.9% among females and 9.8% among males aged 15–20 years, respectively, one of the factors in reducing HIV transmission risk.[29]

V. Social Protection and Adequate Standard of Living

33. Article 10 of the ICESCR requires that "special measures of protection assistance should be taken on behalf of all children" and that children "be protected from economic and social exploitation." Article 11 of the Covenant also grants the "right of everyone to an adequate standard of living for himself and his family, including adequate food" and the "fundamental right of everyone to be free from hunger." The particular vulnerabilities of children living with or affected by HIV mean that they need a variety of types of social, economic and legal protection and poverty reduction initiatives.

34. An estimated 13 million children in Sub-Saharan Africa have lost one or both parents to AIDS, including around 650,000 living in Kenya.[30] For families already living in poverty, such a loss creates further economic hardship, causing some children to be removed from school in order to seek income for the family. Some children become de facto head of household for younger siblings, and some children are rejected by their families and forced to live on the streets, especially if they are also HIV-positive. Children who lose both parents – especially girls – are at even greater risk of losing their homes and other inheritance if there is no written will or other (properly enforced) legal protection against such "property grabbing."[31] Girls may be forced into early marriage, relationships with older men, transactional sex, or prostitution, all of which increase their risk of contracting HIV.

35. Given the heavy economic burden HIV/AIDS places on families, social protection programs need to be put in place for orphans and other vulnerable children (OVCs), including those heading their own households or otherwise without legal guardians. The more protection given to children, the longer they may be able to stay in school, another important factor in reducing the risk of HIV. Adequate nutrition and safe water is also crucial for helping children with HIV stay healthier and better tolerate ART. Kenya reports that it has cash transfers for OVCs and feeding programs to provide nutritional supplements to malnourished children and lactating mothers.[32] But it does not report specifically on steps it is taking relative to OVCs living with or affected by HIV to ensure whether all counties are providing sufficient economic, nutritional, and social support.

[29] UNAIDS, "How AIDS Changed Everything," p. 41.
[30] UNAIDS, "How AIDS Changed Everything," p. 17.
[31] Strode and Grant, p. 13-17 and Human Rights Watch, (2001), In The Shadow Of Death: HIV/AIDS and Children's Rights in Kenya. New York, USA, available from www.hrw.org , cited in McPherson, D., 2005. Property Grabbing and Africa's Orphaned Generation: A Legal Analysis of the Implications of the HIV/AIDS Pandemic for Inheritance by Orphaned Children in Uganda, Kenya, Zambia and Malawi.
[32] Report by Kenya to the Committee on Economic, Social, and Cultural Rights, July 2013, p. 23-24.

VI. Recommendations for List of Issues

36. Based on the analysis above, the Elizabeth Glaser Pediatric AIDS Foundation would like to recommend that the Committee include the following points in its List of Issues on Kenya's report:

Article 3: Equal rights of men and women

- Please elaborate on efforts being made to protect women with HIV from disinheritance and other abusive practices within and outside of marriage.
- Please also describe steps the government is taking to ensure the implementation of laws against gender-based violence take into account the particular needs of women and girls living with HIV and protecting them from domestic violence.

Article 10: Protection of the family and children

- Please provide additional information on steps being taken to ensure that all orphans and other vulnerable children in Kenya are appropriately protected from discrimination, economic, and social exploitation, especially among children that have lost one or both parents to AIDS-related illnesses.

Article 11: Right to an Adequate Standard of Living

- Please provide additional information on efforts being made to ensure that the nutritional needs of children– whether they are in school or not – are being adequately met, particularly for children living with HIV.

Article 12: Right to Health

- Please provide information on how the government is monitoring the devolved responsibility to counties for HIV programs to ensure adequate funds are allocated and health care workers are properly trained.
- Please describe interventions the government is taking to optimize early identification of children and adolescents living with HIV and to substantially increase the number of children and adolescents initiated and retained on antiretroviral treatment. Specifically, what steps are being taken to increase the numbers and technical capacity of health care workers, to provide psycho-social support for people living with HIV who are put on treatment, and to encourage and monitor adherence?
- Please indicate the steps that are being taken to increase domestic spending on HIV, including funding for preventing and treating pediatric HIV, as prioritized by President Kenyatta.
- Please describe the impact that free maternity care has had on reducing maternal mortality and improving PMTCT, and what other steps the government is taking to increase the frequency and quality of ante-natal care.
- Please describe Kenya's plans to fight against stigma and discrimination against people living with HIV, especially the most vulnerable populations such as children and adolescents. Please note how Kenya is consulting with people living with HIV in order to develop the most effective and appropriate solutions.
- Please describe the development of the HIV and AIDS Tribunal, including support for the secretariat, cases it has reviewed, and its impact to date.
- Please provide more detailed information on measures being taken to provide increased sexual and reproductive health education, especially for adolescents and other young people living with or at risk of exposure to HIV.

Article 13: Right to Education

- Please provide more information on efforts being made to keep children in school longer (through primary and secondary levels) given the documented connection between longer schooling and reduced HIV rates.
- Please describe actions being taken to reduce stigma against children in schools in a way that also protects their right to privacy.