



BRIEF REPORT ON:

**“BACKGROUND INFORMATION
ON HIV/AIDS SITUATION, IMPACT
AND CHALLENGES IN KENYA”**

FOR PRESENTATION

DURING

**THE DONORS CONSULTATIVE
GROUP MEETING**

AT

SAFARI PARK HOTEL

11TH AND 12TH APRIL, 2005

BRIEF REPORT ON BACKGROUND INFORMATION ON HIV/AIDS SITUATION, IMPACT AND CHALLENGES IN KENYA

BACKGROUND

Since the emergence of HIV/AIDS in 1984 in Kenya, the scourge has had a devastating effect on the Kenyan economy. By 1999 the virus it had caused death to more than 1.5 million Kenyans; 2.5 million Kenyans were living with the virus, while over 1.0 million children had been orphaned as a result of HIV/AIDS. Kenya also suffered economically as HIV/AIDS reduced productivity of labour as skilled personnel died of AIDS related complications. There was also an increase in poverty levels caused by death of breadwinners at the individual family household. The high mortality and morbidity due to HIV/AIDS increased the cost of providing medical care with health facilities being over-stretched due to many AIDS patients who were being catered for.

The Kenya government was quick to respond to the HIV/AIDS problem through the ministry of health, which spearheaded an inter-sectoral fight against the pandemic. However, due to the devastating effect of HIV/AIDS, the government in 1999, declared HIV/AIDS a national disaster and established National AIDS Control Council (NACC) to coordinate a multisectoral fight against the pandemic.

INTERVENTIONS BY THE GOVERNMENT

To ensure effective coordination of the multisectoral national response, NACC developed a 5 year strategic plan, the Kenya national HIV/AIDS strategic plan (KNASP), 2000-2005. The plan outlined 5 priority areas namely,

- Prevention and advocacy for positive behaviour change
- Treatment, continuum of care and support to people infected and affected by HIV/AIDS
- Mitigation of socio-economic impact of HIV/AIDS
- Research, monitoring and evaluation
- Management and coordination

The strategic plan has successfully been implemented, thanks to the commitment of the government, development partners, civil society organizations including FBOs, and the private sector. These HIV/AIDS stakeholders have put in place effective HIV/AIDS programmes/interventions that have seen the prevalence fall significantly from 14% experienced in 1998 to 7% in 2005. Some of these interventions include:-

- Promotion of safer sexual practices including the use of condoms
- Early diagnosis and treatment of Sexually Transmitted Infections
- Provision of ART to PLWHAs
- Treatment of Opportunistic Infections
- Ensure that there is safe blood for transfusion
- Behavioural change communication
- Setting up a VCT centres
- Capacity building (training) of health personnel on the use of Anti Retroviral Drugs
- Development of policy, guidelines and strategies to enhance awareness and education.

NACC has been coordinating the activities while other stakeholders such as private sector, government ministries/departments/parastatals, civil society (CBOs, FBOs and NGOs) have been implementing the HIV/AIDS activities.

As the 5 year strategic plan expires in June 2005, NACC is in the process of finalizing the development of the next strategic plan, the Kenya national HIV/AIDS strategic plan (KNASP), 2005-2010. The plan, which has been developed in a consultative, participatory and all inclusive manner, sets the goal to reduce the spread of HIV, improve the quality of life of those infected and affected and mitigate the socio-economic impact of the epidemic.

To realize this noble goal, the plan sets 3 key priority areas namely:-

- Prevention of new infections
- Improve the quality of life of people infected and affected by HIV/AIDS
- Mitigation of socio-economic impact of HIV/AIDS

If implemented effectively, the number of new HIV infections in both vulnerable groups and general population will reduce. There will also be an improvement in treatment, care and protection of rights of and access to effective services for the infected and affected. Communities will also develop innovative coping mechanisms to respond to the pandemic. It is expected that by 2010:-

- HIV prevalence for young men aged 15-24 yrs will be reduced by 20% to less than 1% while that of young women in the same age group will be reduced by 25% to less than 4.5%.
- 2,000,000 Kenyans will seek VCT services annually. These calls for setting up of VCT sites in all administrative divisions and constituencies in Kenya. 50% of HIV pregnant mothers will have access to PMTC services. This will result in less than 23% of the infants born to HIV+ mothers being HIV+.
- 75% of the PLWHAs will access ARVs while all PLWHAs will access quality Opportunistic Infections drugs.

To realize this target, the government must mobilize resources to:-

- Step up VCT
- Expand PMTCT services
- Scale up ARV so that 150,000 PLWHAs who need ARVs are reached instead of the current 25,000
- Increase accessibility to STI and OI drugs
- Promote condom use
- Train more medical personnel and counselors
- Monitoring and Evaluation and coordination is strengthened under “three ones” principles.

CHALLENGES OF HIV/AIDS

Despite the successes recorded in the fight against HIV/AIDS, there are many challenges that impede successful fight against the scourge. These challenges include:-

- **New infections:** the fight against HIV/AIDS faces the challenge of new infections due to the youthful population and the fact that there are many people currently infected.
- **High death rates:** although HIV prevalence has reduced from 14% in the 1990s to 7 percent currently, the high HIV prevalence is currently causing death to over 140,000 Kenyans per year. There are over 1.7 orphans. There is currently 1.4 million people living with the virus and it is expected that a significant number may die from HIV/AIDS related complications in the next 2-3 years.
- **Poverty:** HIV/AIDS has a direct impact on poverty as productivity declines and individual's income is reduced due to high treatment costs. Poverty levels are worsened when a breadwinner succumbs to AIDS. As a result of decline in productivity and income levels, economic growth and development is negatively affected. It is estimated that HIV/AIDS will reduce per capita income by 14% and economic growth by 10% by 2010 if the current high HIV prevalence is not checked.
- **High cost of treatment:** HIV/AIDS is a costly disease which has led to an increase in the cost of treatment.
- **High cost of ARVs:** most PLWHAs do not have access to quality ARV due to high level of poverty while the cost of ARVs is still high especially the branded ones. Although there exists generic ARVs at KShs. 500/= in the provincial health facilities, this cost is still high to most PLWHAs, majority of who live below the poverty line of less than us\$ 1 per day. The high level of poverty especially denies the PLWHAs even access to basic needs including food thereby making ARVs ineffective even if they get access to free ARVs.
- **Discrimination and stigma:** in some communities PLWHAs are discriminated against thus making them shy away from disclosing their HIV status.
- **Resource gap:** it is estimated that the total financing requirement of implementing the new KNASP has increased from KShs. 25 billion in 2005/6 to KShs. 45 billion in 2009/2010, of this total 30% is allocated to prevention, 27% to improving quality of

life of those infected and affected and 16% to support services. The greatest challenge faced by Kenya as a country is how to mobilize additional resources during the remaining years of the KNASP in order to achieve its objectives.

The other challenge is in harmonization of activities and resource mobilization.