



U.S. Agency for International Development

Bureau for Global Health

COUNTRY PROFILE

HIV/AIDS

KENYA

Kenya has been hit hard by the HIV/AIDS epidemic. Largely due to AIDS, life expectancy in Kenya dropped from 60 years in 1990 to 45.5 years in 2002. According to UNAIDS estimates, at the end of 2001, 2.5 million Kenyans were living with HIV/AIDS, yielding an adult prevalence of 15 percent. Prevalence, however, appears to be decreasing. The Kenyan Ministry of Health reported an adult prevalence of 13.5 percent in 2001, and recent surveillance figures suggest prevalence has declined to 10.2 percent in 2002.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	2.5 million
Total Population (2001)	31.3 million
Adult HIV Prevalence (end 2001)	15%
HIV-1 Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and clients, patients seeking care for a sexually transmitted infection, or others with known risk factors)	74.7%
Population not at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	15%

Sources: UNAIDS, U.S. Census Bureau

Kenyan girls and young women are particularly vulnerable to infection; a high age differential between regular male and female partners is often cited as a contributing factor to rising HIV incidence among Kenyan women. Young women aged 15 to 24 are more than twice as likely to be infected as men in the same age cohort. According to sentinel surveillance data gathered in 2001, HIV prevalence among pregnant women was 20 percent or higher at seven sites throughout Kenya. Seven additional sites reported HIV prevalence of 10 percent to 19 percent among pregnant women.

Approximately one-half of the Kenyan population carries a latent tuberculosis infection. In the past decade, the HIV/AIDS epidemic has helped to triple the number of new adult tuberculosis cases in Kenya.

Factors contributing to the spread of HIV/AIDS in Kenya include high population density in urban areas, high population mobility along trading routes, low rates of male circumcision, multiple sex partnering, and cultural practices such as widow inheritance and wife sharing.

A joint report by UNAIDS, the U.S. Agency for International Development (USAID), and UNICEF estimates that 892,000 children under age 15 had lost their mother or both parents to AIDS by the end of 2001. The number of Kenyan orphans due to AIDS is projected to increase to 1.54 million by 2010. AIDS was the major cause of a 25 percent increase in mortality in children under age 5 between 1987 and 1997.

Several studies from Kenya's Ministry of Health indicate that high health care costs and lost income due to people being ill with



Map of Kenya: PCL Map Collection, University of Texas

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HIV/AIDS will be a major burden on the Kenyan economy. By 2005, Kenya's gross domestic product is projected to be 14.5 percent lower than it would have been in the absence of AIDS.

National Response

The National AIDS Control Council was established in 2000 in the Office of the President to provide leadership and a stronger coordination mechanism for a new, multisectoral national response to HIV/AIDS. The Kenya National HIV/AIDS Strategic Plan, issued by the National AIDS Control Council in 2000, includes the following key elements:

- Reduction of prevalence among youth, in whom HIV incidence is increasing most rapidly;
- Creation of AIDS control units in each of the sectoral ministries, with a mandate to mainstream AIDS into ministry activities;
- Creation of provincial and district AIDS control committees and constituency AIDS control committees to represent a wide range of stakeholders at all levels;
- Development of strategies based on lessons learned about obstacles to the success of earlier interventions; and
- The need for nationwide interventions versus the small-scale interventions that are now in place.

The National HIV/AIDS Strategic Plan's five priority areas for action are prevention and advocacy; treatment, and implementing the continuum of care and support; mitigating the socioeconomic effects of AIDS; monitoring, evaluation and research; and management and coordination.

In 2001, the Kenyan Ministry of Health released a National Condom Policy and Strategy (2001–2005) to ensure an adequate supply and access to condoms, together with public education and advocacy to increase condom use for protection against HIV and sexually transmitted infections.

USAID Support

Kenya is one of four "high-priority" countries identified by USAID to receive more resources for HIV/AIDS programming. The current USAID/Kenya HIV/AIDS program (1998–2005) focuses on prevention of HIV infection, policy and advocacy, community-based care and support, integration of AIDS with family planning and child health programs, blood safety, operations research, and multisectoral activities. In 2002, USAID allocated \$17.2 million for HIV/AIDS activities in Kenya, up from \$10.4 million in 2001.

USAID advocacy programs target a range of key opinion leaders, such as politicians, community and religious leaders, business managers, heads of schools and youth organizations, and public and private sector health providers and institutions.

USAID supports the following programs in Kenya:

Behavior change

To reduce sexual transmission and encourage positive behavior change, USAID works with local groups to establish interpersonal and peer counseling programs, communication campaigns, community outreach through peer motivation, participatory meetings, and community theater. USAID supports existing networks of church-affiliated groups and those that represent persons living with HIV/AIDS to encourage leadership in HIV/AIDS prevention and care efforts. Programs also work with businesses to develop supportive policies, and prevention and care programs for workers.

Community projects involve both targeted and general population interventions. Target populations include all sexually active adults and youth. Strategies are based on sociocultural, economic, and other characteristics within each target site (e.g., sugar plantations, border towns, large factory settings, and other settings with high rates of commercial sex).

Mass media campaigns on television, a new radio soap opera (including an interactive component), and community theater presentations by 25 youth groups are examples of behavior change activities that USAID has supported since 2001. A project with the Kenya Girl Guides Association has provided more than 20,000 girls and young women with HIV/AIDS peer education and life skills training.

Blood safety

In addition to helping develop a national blood policy, USAID is supporting the government of Kenya to revamp its blood transfusion system by building and renovating five transfusion centers, providing equipment, and training technical staff. USAID also provides support to strengthen blood donor recruitment and retention programs.

Children affected by HIV/AIDS

USAID/Kenya supports several projects to identify and establish sustainable strategies to enable communities to cope with the needs of HIV-positive children and those orphaned by AIDS. One project in Nairobi currently provides physical care, psychological support, and essential medical supplies to 230 HIV-positive children and their families.

Community-based care and support

The community-based care and support program works to improve the ability of local communities to identify their needs and to develop and carry out home-based care activities and support for persons living with HIV/AIDS and their families. USAID also implements programs to improve tuberculosis diagnosis and treatment services at selected sites.

In 2001, almost 3,000 HIV-positive people received care in their homes through USAID-supported training for community-based caregivers. USAID also supports programs that address the psychosocial and nutritional needs of persons living with HIV/AIDS.

Condom social marketing

USAID supports the distribution of public sector condoms and drugs to treat sexually transmitted infections through the government's logistics management system. Since 1990, Kenya's social marketing efforts have led to a steady increase in the distribution of TRUST condoms and sales of about 1.2 million per month. The program also undertakes generic advertising to inform people about the safety of condoms.

Faith-based organizations

USAID has provided support to the National Council of Churches of Kenya to finalize its HIV/AIDS strategic plan and policy, and carry out follow-up regional advocacy workshops. Approximately 150 religious leaders recently established an Inter-Religious AIDS Control Consortium, with USAID assistance.

Intersectoral programs

Recognizing that AIDS is not just a health problem, USAID works in both the microfinance and democracy and governance sectors. The Mission supports capacity development of local grassroots savings and credit organizations serving those affected by HIV/AIDS. Promoting democracy and governance and preventing HIV/AIDS require working with similar constituencies (e.g., parliament, local governments, civil societies); USAID/Kenya promotes linkages throughout its program, beginning with the Kenyan Parliament.

Media training

USAID's Local Voices program, launched in early 2003, provides HIV/AIDS education and training to Kenyan radio journalists, talk show hosts, and radio station managers and owners.

Mother-to-child transmission

USAID collaborates with the Ministry of Health, UNICEF, and the Centers for Disease Control and Prevention to undertake operations research and interventions to prevent mother-to-child transmission of HIV by improving antenatal care services and integrating AIDS counseling and testing with existing health services. Kenya is one of three countries currently receiving USAID support to implement a pilot program for antiretroviral treatment to prevent mother-to-child

transmission of HIV. USAID and its partners published a training curriculum to promote prevention of mother-to-child transmission in 2002.

Research, policy, and advocacy

USAID supports policy and advocacy activities to help overcome key policy constraints that might slow the implementation of the national HIV/AIDS control program. Activities include working with nongovernmental organizations to develop advocacy strategies for promoting HIV/AIDS prevention education for adolescents; working with parliamentarians and training senior officials to understand the epidemic and become advocates for strong government and civil society programs to combat HIV/AIDS; building national-level government capacity to improve analysis of sentinel surveillance data, prepare advocacy materials, and undertake epidemiological projections; building capacity at the district level and among private sector networking institutions and the uniformed services to provide leadership for AIDS prevention and care; and conducting behavioral surveillance surveys.

Sexually transmitted infection/tuberculosis treatment

USAID supports the establishment of tuberculosis diagnostic centers and upgrades to clinics in high-transmission areas to provide syndromic treatment for sexually transmitted infections and to improve clinic-based HIV/AIDS care.

Voluntary counseling and testing

USAID programs are helping to improve voluntary HIV counseling and testing systems by developing curricula, testing protocols, and updating national guidelines. Sixty-one public and private voluntary counseling and testing sites are now in operation.

USAID is currently supporting the establishment of a center of excellence for training in voluntary counseling and testing in Nairobi, and an activity to assess opportunities for introducing voluntary counseling and testing into district hospitals, health centers, and stand-alone sites to maximize coverage and introduce the most cost-effective service possible.

For More Information

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For more information, see www.usaid.gov/pop_health/aids/ or www.synergyaids.com.

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