



KENYANS AND AMERICANS  
IN PARTNERSHIP TO FIGHT HIV/AIDS

## Country Profile: Kenya

### HIV/AIDS in Kenya

Adults and Children Living with HIV: 1.3 million<sup>1</sup>  
AIDS Deaths (Adults and Children): 140,000<sup>1</sup>  
AIDS Orphans: 1.1 million<sup>1</sup>

Kenya has a severe, generalized HIV epidemic. The 7th edition of *AIDS in Kenya* reports a prevalence rate of eight percent in adult women and four percent in adult men.<sup>2</sup> Surveillance of HIV in pregnant women has been conducted annually since 1990, with prevalence rising to 16 percent in urban areas and eight percent in rural areas in the late 1990's but now declining in most regions. In the 2003 Kenya Demographic and Health Survey, 14 percent of Kenyan adults reported that they had been tested and knew their results.



### U.S. Government Response

In March 2003, President Mwai Kibaki declared “total war” against HIV/AIDS. He mandated the National AIDS Control Council to coordinate and manage the implementation of a multi-sectoral approach to HIV/AIDS, to provide policy direction, and to mobilize resources. The USG participates in the work of National AIDS Control Council and directly funds the National AIDS and Sexually Transmitted Infection Control Programme of the Ministry of Health.

Specific U.S. Government (USG) responses in Kenya include:

- Making strategic investments in Kenya's capacity to plan, secure resources, and implement prevention, treatment, and care interventions;
- Strengthening public health delivery networks;
- Assuring that Kenya's youth have access to HIV/AIDS services;
- Expanding access to antiretroviral treatment (ART) with an emphasis on ensuring that those co-infected with tuberculosis or other opportunistic illnesses and whose lives are most at risk are reached as rapidly as possible;
- Supporting the strategic direction of National AIDS and Sexually Transmitted Infection Control Programme to expand a care model that establishes comprehensive care centers offering a range of services from testing for HIV through medical management and links to supportive services;
- Engaging new partners and leveraging additional resources to enhance the sustainability of HIV/AIDS programs;
- Working with National AIDS and Sexually Transmitted Infection Control Programme and other Government of Kenya bodies to develop and disseminate policies and guidelines on counseling and testing, ART, opportunistic infections, and support for orphans and vulnerable children; and
- Supporting a broad range of HIV prevention interventions including behavior change, prevention of mother-to-child HIV transmission (PMTCT), and improved blood collection and testing services in Kenya.

Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, President George W. Bush announced the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR) in 2003 — the largest international health initiative in history by one nation to address a single disease. Under the leadership of the U.S. Global AIDS Coordinator, USG agencies implement the Emergency Plan, working collaboratively as strong, interagency country teams under the direction of the U.S. Ambassador. These teams capitalize on the expertise of each USG agency and leverage partnerships with host governments, multilateral institutions, nongovernmental organizations (NGOs) and the private sector to implement effective programs for combating HIV/AIDS and ensure efficient use of USG resources.

Kenya is one of 15 focus countries of the Emergency Plan, which collectively represent approximately 50 percent of HIV infections worldwide. Under the Emergency Plan, Kenya received nearly \$92.5 million in Fiscal Year (FY) 2004 and over \$142.9 million in FY2005 to support a comprehensive HIV/AIDS prevention, treatment and care program. In FY2006, the United States plans to provide approximately \$208.3 million to support Kenya's fight against HIV/AIDS.

<sup>1</sup> UNAIDS, Report of the Global AIDS Epidemic, 2006.

<sup>2</sup> Ministry of Health, AIDS in Kenya, 7th edition, 2005.

President George W. Bush's Emergency Plan for AIDS Relief is the largest commitment ever by any nation for an international health initiative dedicated to a single disease—a five-year, \$15 billion, multifaceted approach to combating the disease around the world.

U.S. Department of State

U.S. Agency for International Development

U.S. Department of Defense

U.S. Department of Commerce

U.S. Department of Labor

U.S. Department of Health and Human Services

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# Emergency Plan Achievements in Kenya to Date

## Challenges to Emergency Plan Implementation

Kenya is in a transitional period, with a relatively new government seeking to restructure many elements of the state. It also has a serious HIV epidemic. This context offers clear opportunities but also many constraints for controlling HIV/AIDS. Human capacity development is a major concern and all partners are working to improve capabilities and human resource management systems to enable people to respond effectively to HIV/AIDS. Kenya has a large number of trained, unemployed health care workers. The key to success will be developing effective mechanisms to engage these trained staff to implement the Emergency Plan. Developing mechanisms to employ auxiliary staff, such as adherence counselors and out-reach workers, is also a high priority.

# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and/or Being Faithful in FY2005 <sup>1</sup>	3,248,500
# of individuals reached with community outreach HIV/AIDS prevention activities that promote Condoms and related prevention services in FY2005 <sup>1</sup>	2,312,500
# of USG condoms shipped in Calendar Year 2005 <sup>6</sup>	0
# of pregnant women receiving prevention of mother-to-child HIV transmission (PMTCT) services since the beginning of the Emergency Plan <sup>3,4</sup>	676,700
# of pregnant women receiving antiretroviral prophylaxis for PMTCT since the beginning of the Emergency Plan <sup>3,5</sup>	37,600
# of individuals receiving counseling and testing (in settings other than PMTCT) in FY2005 <sup>3,4</sup>	502,600
# of HIV-infected individuals who received palliative care/basic health care and support in FY2005 <sup>3</sup>	113,500
# of Orphans and Vulnerable Children (OVCs) who were served by an OVC program in FY2005 <sup>3</sup>	220,400
# of individuals receiving downstream site-specific support for treatment as of September 30, 2006 <sup>1</sup>	87,800
# of individuals receiving upstream system strengthening support for treatment as of September 30, 2006 <sup>2</sup>	10,000

Note: Numbers may be adjusted as attribution criteria and reporting systems are refined. Numbers above 100 are rounded to nearest 100.

<sup>1</sup> Number of individuals reached through downstream site-specific support includes those receiving services at U.S. Government-supported service delivery sites.

<sup>2</sup> Number of individuals reached through upstream systems strengthening includes those supported through contributions to national, regional and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development.

<sup>3</sup> Total results combine individuals reached through downstream and upstream support.

<sup>4</sup> It is possible that some individuals were counseled and tested more than once.

<sup>5</sup> It is possible that some pregnant women received antiretroviral prophylaxis more than once over the two-year period, e.g. HIV positive women who were pregnant more than once.

<sup>6</sup> USG in Kenya has had a long-standing agreement with Britain's Department for International Development (DFID) under which USG underwrites the majority of social promotion and other costs and DFID procures condoms for a unified national program.

## Critical Interventions for HIV/AIDS Prevention

- Established PMTCT services at over 900 sites throughout the country, including government, nongovernmental, and mission health facilities.
- Collaborated with more than 100 local community- and faith-based organizations to implement HIV prevention programs, including programs promoting abstinence, faithfulness, and comprehensive education about HIV prevention.
- Supported eight local NGOs and community-based organizations, which have targeted 13,000 physically and mentally disabled people with HIV/AIDS prevention activities.
- Supported specialized programs promoting HIV prevention and counseling and testing for members of Kenya's uniformed services.
- Supported six regional blood transfusion centers, which are now well-equipped to ensure a safe blood supply. The supply of safe blood has increased considerably, from 40,000 units collected in 2004 to 60,000 units in 2005.
- Supported 105 medical facilities that now receive a regular supply of safe injection devices. All staff in these facilities have been trained in universal precautions and waste management.
- Supported the implementation of prevention and care services for injecting drug users, who have a high rate of HIV infection.

## Critical Interventions for HIV/AIDS Treatment

- Supported 182 sites where ART is available, including workplace health facilities; government, private, and mission hospitals; university teaching hospitals; and faith-based organizations working at the community level.
- Supported the national reference lab and provincial and district level labs, which are now better equipped and trained to conduct the testing needed to support patients on ART.
- Supported the training or retraining of 3,600 health workers in the delivery of ART.

## Critical Interventions for HIV/AIDS Care

- Supported the provision of comprehensive HIV/AIDS health and supportive services at 1,800 health facilities in Kenya, including government, mission, and NGO facilities.
- Supported more than 20 community- and faith-based organizations in the provision of a comprehensive package of care to orphans and vulnerable children (OVCs) that includes access to schooling, shelter, nutrition, care, and support to OVC caretakers.
- Supported 500 registered sites where counseling and testing is available, including mission hospitals, community-based organizations, churches and mosques. Novel approaches, such as using trucks and modified containers on wheels, are being used to extend counseling and testing services to rural and remote populations.