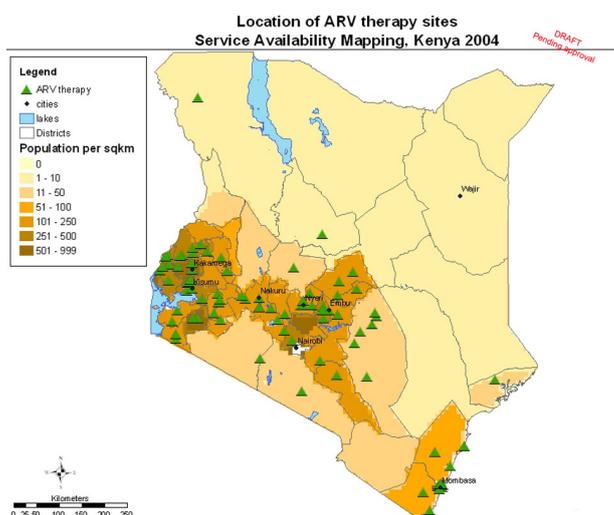


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 273 000\*  
 Antiretroviral therapy target declared by country: 95 000 by the end of 2005



## 1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	32.4	United Nations
Population in urban areas (%)	2005	41.6	United Nations
Life expectancy at birth (years)	2003	50	WHO
Gross domestic product per capita (US\$)	2002	388	IMF
Government budget spent on health care (%)	2002	10.3	WHO
Per capita expenditure on health (US\$)	2002	32	WHO
Human Development Index	2003	0.474	UNDP

<sup>o</sup> = Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

<sup>oo</sup> = Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

\* A public-sector estimate of almost 55 000 people receiving ARV therapy is based on numbers reported by the Ministry of Health, nongovernmental organizations and mission facilities receiving direct or indirect support from the United States Government (as of November 2005). The estimated number of over 8000 people receiving treatment from private facilities is based on consultant reviews and reports from the Kenyan Business Council. This estimate was made in late 2003 or early 2004 and has not been re-estimated, as it is assumed that the number of people entering care in the private sector equals the number shifting to public-sector providers of ARV therapy.

\*\* The Ministry of Health estimates that as of June 2005, 233 831 people need antiretroviral therapy in Kenya. \*\*\* Demographic and Health Surveys.

## 2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2004	7.4%	Ministry of Health
Estimated number of people living with HIV/AIDS (0-49 years)	Dec 2004	1 558 874	Ministry of Health
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Nov 2005	55 000*	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	273 000**	WHO/UNAIDS
HIV testing and counselling sites: number of sites	Sep 2005	630	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites	Jun 2005	683 600	Ministry of Health
Knowledge of HIV prevention methods (15-24 years)% - female <sup>o</sup>	2003	34	DHS***
Knowledge of HIV prevention methods (15-24 years)% - male <sup>o</sup>	2003	47	DHS***
Reported condom use at last higher risk sex (15-24 years)% - female <sup>oo</sup>	2003	25	DHS***
Reported condom use at last higher risk sex (15-24 years)% - male <sup>oo</sup>	2003	47	DHS***

## 3. Situation analysis

### Epidemic level and trend and gender data

Kenya faces a severe, generalized HIV/AIDS epidemic that continues to have a devastating impact on all sectors of society. National estimates indicate that the adult HIV prevalence rate in 2005 was 6.7%. In 1999, Kenya declared HIV/AIDS a national disaster and public health emergency. An estimated 1.2 million people are living with HIV/AIDS in Kenya. An estimated 1.5 million people have died from AIDS since 1984. More than 1.6 million children younger than 15 years (3.7% of the total population) have been orphaned through the death of their mother. At least 180 000 people die from AIDS annually. The prevalence is still high but appears to be decreasing. The Ministry of Health reported an adult prevalence of 13.5% in 2001, and surveillance figures suggested that the prevalence had declined to 10.2% in 2002.

### Major vulnerable and affected groups

Vulnerable groups include AIDS orphans, pregnant women and rural populations living in areas with a high burden of disease. Girls and young women are particularly vulnerable to infection. Women 15-24 years of age are more than twice as likely to be infected as men this age. The prevalence of HIV is higher in urban areas: about 10% among pregnant women.

### Policy on HIV testing and treatment

The National AIDS Control Council has developed the Kenya National HIV/AIDS Strategic Plan 2005-2010; its overriding theme is social change to reduce HIV/AIDS and poverty. The Sessional Paper No. 4 of 1997 provides a policy framework to guide all partners in Kenya's response to the challenges of HIV/AIDS. Other supportive policies include a policy on condom use, national guidelines on voluntary counselling and testing, guidelines on national home-based care programmes and services, guidelines on blood safety, guidelines on antiretroviral therapy and guidelines on preventing mother-to-child transmission. National treatment guidelines have been developed, and a new policy on diagnostic testing and counselling was recently finalized and disseminated.

Antiretroviral therapy: first-line drug regimen, cost per person per year



The first-line drug regimen comprises a generic form of the fixed-dose combination stavudine + lamivudine + nevirapine. The cost of the first-line drug regimen purchased from generic pharmaceutical suppliers is about US\$ 150 per person per year. Treatment is provided at a subsidized rate of US\$ 1.2 per person per month in the public sector. The cost of a test kit is approximately US\$ 8 each. First-line therapy also substitutes efavirenz for nevirapine for two months for people in the initiation stage of tuberculosis treatment and switches drugs in case of complications (to stavudine + lamivudine + efavirenz or zidovudine + lamivudine + efavirenz). The national authorities have approved all first-line drugs. A Kenyan company has recently received a voluntary licence from GlaxoSmithKline for the local manufacture of antiretroviral drugs, which may help to lower drug prices in the future.

#### Assessment of overall health sector response and capacity

The government established the National AIDS Control Council in November 1999 to lead the multisectoral response to HIV/AIDS. The Council developed the Kenya National HIV/AIDS Strategic Plan 2000-2005 to provide a policy and institutional framework to guide the response and ensure that the multisectoral policies and strategies are integrated into core government-wide processes, including the implementation of the Poverty Reduction Strategy Paper. The strategic approach to control the epidemic, outlined in the Kenya National HIV/AIDS Strategic Plan 2000-2005, consists of prevention of new infections; treatment, care and support for those infected and affected by HIV/AIDS; mitigation of the impact of the epidemic on social and economic development efforts; monitoring and evaluation; and management and coordination. The health sector response to HIV/AIDS is addressed primarily through the National AIDS and STDs Control Programme (NAS COP) located within the Ministry of Health. The National Health Sector Strategic Plan 2005-2010 guides the health sector response. In January 2002, the NAS COP established a National Antiretroviral Therapy Task Force to guide the way forward to scaling up the provision of antiretroviral therapy across the country. The policy involves both the private and public sector. Kenya has made significant progress in institutionalizing care and treatment and has opened a total of 288 comprehensive care centres, of which 167 are in government facilities, including all provincial hospitals, all district hospitals, most subdistrict hospitals and some health centres. The Ministry of Health also has a reasonably well-developed programme for preventing mother-to-child transmission using nevirapine. In addition, all regions of the country now have access to some facilities for voluntary counselling and testing, but these are still inadequate and tend to be concentrated in urban areas. A programme to scale up the provision of voluntary counselling and testing services is being implemented, and guidelines have been developed. Training programmes are being implemented in providing antiretroviral therapy, preventing mother-to-child transmission and voluntary counselling and testing. Nongovernmental organizations, bilateral donors, private providers and the corporate sector complement the government's efforts.

#### Critical issues and major challenges

One of Kenya's main bottlenecks to scaling up HIV prevention and care is the acute shortage of trained health workers, especially in rural areas. Kenya also has inadequate health system infrastructure and lacks the resources to improve it. Several areas need to be developed further, including aligning and coordinating partners around the national response, developing a national human resource plan to support scaling up, developing an operational research agenda for antiretroviral therapy and further developing protocols on antiretroviral therapy adherence. Sustainability of the available funding for antiretroviral therapy from partners, including the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief, is not assured. Treatment literacy is very low, which is associated with very high levels of stigma among health workers and the general population. The cost of drugs and laboratory tests remain high and out of reach for most people. Training curricula need to be harmonized among various implementing partners. Systematic monitoring and evaluation systems are lacking.

## 4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- WHO estimates that between US\$ 277.3 million and US\$ 336.5 million was required to scale up antiretroviral therapy to reach the WHO '3 by 5' treatment target of 110 000 people in 2005.
- The government has increased its allocation for HIV/AIDS programmes in recent years. To address issues of sustainability of treatment programmes, the government is exploring options for national health insurance.
- In addition to government resources, the HIV/AIDS programme is supported by bilateral and multilateral partners including the Global Fund, the United States President's Emergency Plan for AIDS Relief, the William J. Clinton Foundation and United Nations agencies.
- Kenya submitted a successful Round 1 proposal to the Global Fund for a total funding request of US\$ 2.8 million for two nongovernmental organizations to support community mobilization to fight HIV/AIDS. Kenya also submitted a successful Round 2 proposal to the Global Fund for total funding of US\$ 129 million and two-year approved funding of US\$ 36.7 million to support the national response to the epidemic. As of November 2005, US\$ 26.4 million of this Round had been disbursed for implementation of activities.
- Kenya is also a beneficiary of the World Bank Multi-Country HIV/AIDS Program for Africa, with funding approved of US\$ 50 million over five years.
- Kenya is part of the World Bank African Regional Capacity Building Network for HIV/AIDS Prevention, Care, and Treatment (ARCAN) Project along with Tanzania and Ethiopia. Under this, an International Development Association grant of US\$ 10 million has been approved for a subregional health sector capacity-building programme in HIV/AIDS prevention, treatment and care.
- Under the United States President's Emergency Plan for AIDS Relief, Kenya received nearly US\$ 92.6 million in 2004 to support a comprehensive HIV/AIDS prevention, treatment and care programme. In 2005, the United States is committing nearly US\$ 145.5 million to support Kenya's fight against HIV/AIDS.

## 5. Treatment and prevention coverage

- In 2003, Kenya's total antiretroviral therapy was estimated to be about 190 000 people, and Kenya declared a national treatment target of reaching 95 000 people with antiretroviral therapy by the end of 2005.
- In the public sector, antiretroviral therapy began to be provided at five pilot sites in 2001. During 2003, the government provided an estimated 1000 people with antiretroviral therapy; other sectors covered an additional 10 000 people. In June 2004, the government provided antiretroviral therapy to about 3500 people at 30 sites. Public-sector provision of antiretroviral therapy increased significantly in the past year. In December 2004, the number of public-sector sites providing antiretroviral therapy had risen to 100. By June 2005, public-sector provision of antiretroviral therapy was estimated to cover about 30 000 people. About 55 000 people were receiving treatment by November 2005 through a total of 250 antiretroviral therapy sites - public, private and mission health facilities.
- A 2003-2004 estimate indicated that 8000 people are being treated through private facilities such as private companies, hospitals and practitioners (based on consultant reviews and reports from the Kenyan Business Council).
- As of June 2005, training in antiretroviral therapy had been provided in 54 public and mission hospitals with 1000 public health workers trained in the rational use of antiretroviral drugs in Kenya.
- Kenya's successful Round 2 proposal to the Global Fund was originally expected to provide antiretroviral therapy to 4000 people over two years and to fund the training of 1800 health workers. The Global Fund procurement consortium was recently commissioned to purchase drugs for a further 7000 people.
- The United States President's Emergency Plan for AIDS Relief aims to provide a total of 45 000 people with antiretroviral therapy by the end of 2005.
- Voluntary counselling and testing services have increased significantly in Kenya. The number of sites providing testing and counselling services increased from 367 at the end of 2004 to 623 in June 2005 and to 630 as of September 2005, covering all districts in the country. The number of sites providing services for preventing mother-to-child transmission have also increased from 500 at the end of 2004 to 750 by September 2005.

## 6. Implementation partners involved in scaling up treatment and prevention

#### Leadership and management

The National AIDS Control Council has overall responsibility for multisectoral resource mobilization, policy, planning and coordination of the HIV/AIDS response in Kenya. The NAS COP provides leadership in policy, programming and national human resources planning for the health sector response and, as part of Ministry of Health, is responsible for coordinating activities related to strengthening the health system. Various bilateral partners, including the United States Agency for International Development, the United States President's Emergency Plan for AIDS Relief, the United States Centers for Disease Control and Prevention, the United Kingdom Department for International Development and nongovernmental organizations, contribute to strengthening the health system and provide support for national human resources planning. Coordination among partners has gained momentum in the past year with the establishment of an HIV/AIDS Intercoordinating Committee. A National Antiretroviral Therapy Task Force comprising all key stakeholders has also been established. It is chaired by the Manager of the antiretroviral therapy programme in the Ministry of Health.

#### Service delivery

The NAS COP provides leadership in delivering HIV/AIDS prevention, care and treatment services. It is responsible for capacity-building, training, developing guidelines, testing and counselling, accelerating prevention and delivering antiretroviral therapy. The Ministry of Health and the Kenya Medical Supplies Agency provide leadership in procurement issues, supported by an international consortium for procurement established with the international procurement agencies of Crown Agents, the German Gesellschaft für Technische Zusammenarbeit (GTZ) and John Snow Inc. Building the capacity of Kenya Medical Supplies Agency is a key objective of the consortium. The Logistical Management and Information Unit based at Kenya Medical Supplies Agency in conjunction with NAS COP developed policy on managing the supply chain and guidelines for antiretroviral drugs. The National Public Health Laboratory provides leadership in laboratory diagnostics. The United States Centers for Disease Control and Prevention and the United Kingdom Department for International Development support site-level training and, along with WHO, capacity-building. The United States President's Emergency Plan for AIDS Relief and the United States Centers for Disease Control and Prevention, among other agencies, support testing and counselling. WHO provides normative support for developing tools and guidelines, and a range of agencies support the delivery of antiretroviral therapy, including bilateral partners, nongovernmental organizations and others. UNICEF provides support for preventing mother-to-child transmission. Mission hospitals are major service providers in Kenya. Private companies also provide treatment.

#### Community mobilization

The NAS COP leads communication activities related to programmes with support from UNAIDS, the United States Centers for Disease Control and Prevention, the United States Agency for International Development and the United Kingdom Department for International Development. A communication strategy for antiretroviral therapy was launched recently. The National AIDS Control Council provides leadership in building the capacity of people living with HIV/AIDS with support from the NAS COP. International nongovernmental organizations such as Médecins Sans Frontières France and Médecins Sans Frontières Belgium support various prevention and care programmes. Community-based organizations are involved in the fight against HIV/AIDS, such as Sanaa Arts Promotion, which undertakes prevention and behaviour change communication programmes.

#### Strategic information

The NASCOP provides leadership in the areas of monitoring and evaluation, surveillance, antiretroviral drug resistance, information management and operational research. The areas of monitoring and evaluation and tracking people receiving antiretroviral therapy are also supported by the United States Centers for Disease Control and Prevention, Médecins Sans Frontières, Family Health International, JSI Research and Training Institute and private companies. The United States Centers for Disease Control and Prevention also support information management and antiretroviral drug resistance activities.

## 7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- Supporting the development of the national plan for scaling up antiretroviral therapy
- Supporting the training of health workers in the rational use of antiretroviral drugs through clinical training and adapting the WHO Integrated Management of Adult and Adolescent Illness (IMAI) strategy
- Providing technical and financial support for the development of the Kenya National HIV/AIDS Strategic Plan 2005-2010
- Supporting finalization of Kenya's five-year strategy for the antiretroviral therapy programme and operational plan for scaling up antiretroviral therapy
- Supporting the implementation of Global Fund grants
- Providing support for strategic information activities, including monitoring HIV drug resistance, AIDS case reporting and surveillance
- Providing support for the harmonization of protocols relating to prevention, care and treatment of HIV/AIDS, sexually transmitted infections and opportunistic infections
- Supporting the development of systems for procurement and supply management
- Supporting TB and HIV collaborative activities through the National Steering Committee on TB-HIV, including providing support for the development of training guidelines on TB-HIV
- Under the WHO/OPEC Fund Multi-country Initiative on HIV/AIDS, providing support for: expanding voluntary counselling and testing services; expanding and promoting services for preventing mother-to-child transmission; building Ministry of Health capacity to identify and document best practices in voluntary counselling and testing and preventing mother-to-child transmission; and building the capacity of the WHO Country Office and the Ministry of Health by supporting one National Programme Officer and a project coordinator based in the NASCOP
- Establishing an HIV/AIDS country team in the WHO Country Office to support the government and other partners in scaling up antiretroviral therapy

Key areas for WHO support in the future

- Providing ongoing support for capacity-building and normative guidance on various aspects of HIV prevention, care and treatment to support the national response
- Supporting monitoring and evaluation activities, including designing and implementing a national system for tracking the people receiving antiretroviral therapy
- Addressing WHO certification of fixed-dose drug combinations
- Supporting strengthening laboratory services, including the National Public Health Laboratory, for quality assurance for antiretroviral drugs, including staff, guidelines and standards
- Providing technical assistance to assess Kenya's emerging capacity for manufacturing medicines
- Providing support for implementation of Phase II of the WHO/Italian Initiative for HIV/AIDS in sub-Saharan Africa

Staffing input for scaling up HIV treatment and prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include a recently recruited international "3 by 5" Country Officer, one National Programme Officer on HIV/AIDS and one National Programme Officer in the position of Focal Point Coordinator in East Africa for the WHO study on the use of antiretroviral therapy to prevent mother-to-child transmission.
- Under the WHO/OPEC Fund Multi-country Initiative on HIV/AIDS, one National Programme Officer is in place and the recruitment of another is planned.