

# HIV/AIDS IN KENYA: MANAGEMENT AND CO-ORDINATION WITH SPECIAL REFERENCE TO UNIVERSITIES

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# 1. Background

- In Kenya, the 1<sup>st</sup> case of HIV/AIDS was formally recognised in 1984
- 1986-HIV accepted as international designation for retrovirus in a WHO consultative meeting



# Global Summary of the HIV/AIDS epidemic, December 2003

Number of people living with HIV/AIDS	<b>Total</b>	<b>40 million (34-46 million)</b>
	Adults	37million (31-43 million)
	Children under 15 years	2.5 million (2.1 – 2.9 million)
People newly infected with HIV in 2003	<b>Total</b>	<b>5 million (4.2-5.8 million)</b>
	Adults	4.2 million (3.6 – 4.8 million)
	Children under 15 years	700,000 (590,000-810,000)
AIDS deaths in 2003	<b>Total</b>	<b>3 million (2.5-3.5 million)</b>
	Adults	2.5 million (2.1 – 2.9 million)
	Children under 15 years	500,000 (420,000 – 580,000)

The ranges around the estimates in this table define the boundaries within which the actual numbers lie, based on the best available information. These.....

Of the estimates that will be published in 2004



## Epidemic Update: Sub-Saharan Africa: By 2003

- Is the most affected by the epidemic
- **25.0 – 28.2 million** living with HIV infection by end of 2003
  - 10-15% of need of ARV (Less than 1% on ARVs)
- Estimated 3-3.4 million new HIV infections in 2003
- 70% of HIV infections globally are found in sub Saharan Africa
  - 10% (600 million) of world's population live in Sub-Saharan Africa
  - By 2010, an estimated 106 million children under age 15 will have lost one or both parents, with 25 million of this group orphaned due to HIV/AIDS

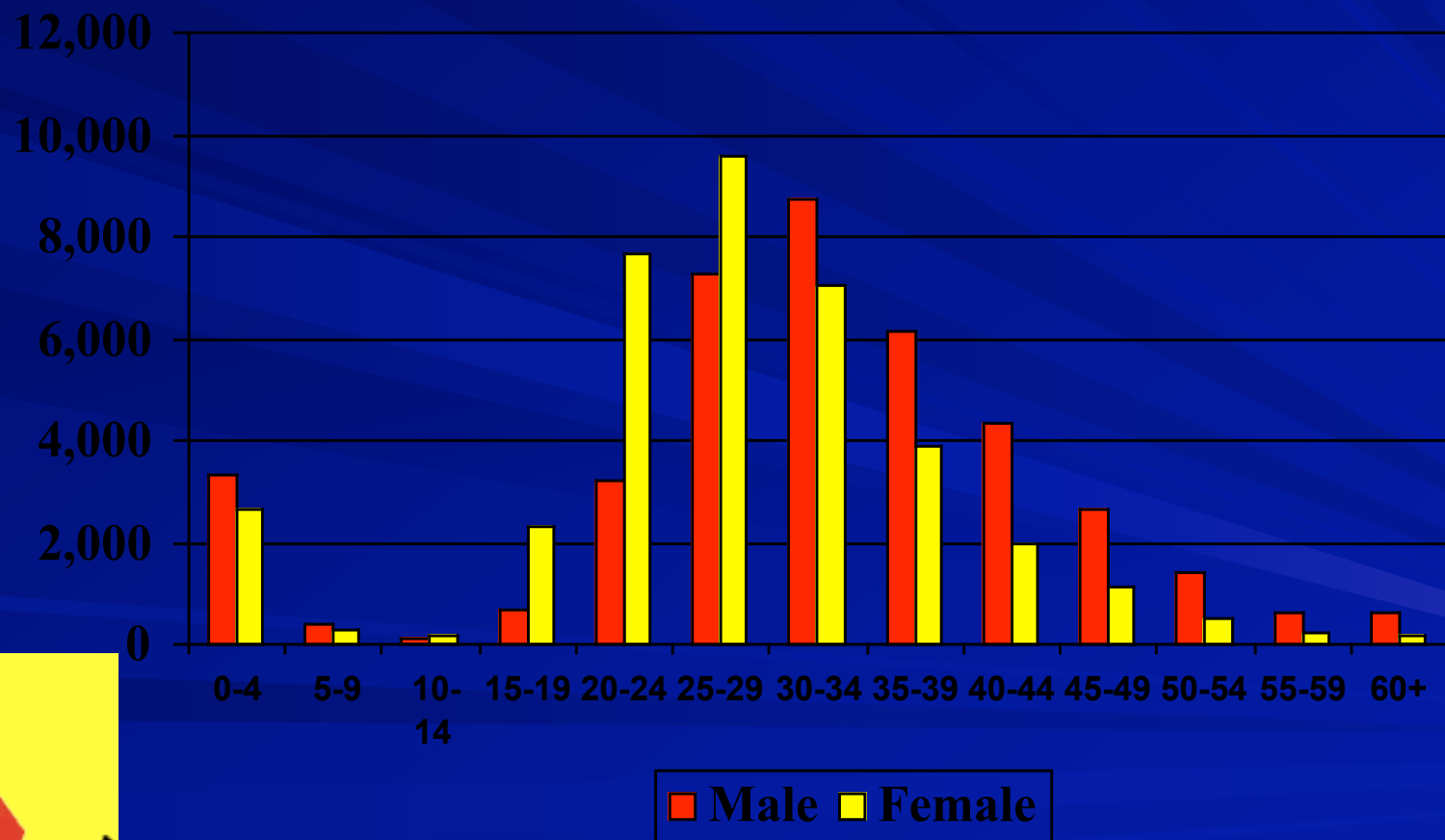


# Updates HIV/AIDS in Kenya

Indicator	NASCOP 2003 Est.
National adult prev. 15-49	9.2%
Number adults infected	1,375,996
Deaths due to HIV/AIDS	180,000 (2001)
Estimated	280,000 (Now 12,000)
Currently estimated on ARV	12,000
Ongoing Plans	To get 140,000 on ARV within a year



# Age and Sex Distribution of Reported AIDS Cases (1986-2000)



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From the figure we note that:

- 75% of AIDS cases occur in adults between ages of 20 and 45. This is the economically productive part of the population and therefore illness, and death at these ages are serious economy and social burden for the family and the society.
- Peak ages for AIDS are 25 – 29 for females and 30 – 34 for males.



- Young women in the age groups 15 – 19 and 20 – 24 are more than twice as likely to be infected as males in the same age group.
- About 10% of reported AIDS cases occur in children under five years of age.
- Absence of many AIDS cases in the 5 – 14 age group is a window of hope, and this group can be targeted for behaviour change.



It is to be noted that:-

- 1.2 million children are orphans due to AIDS.
- 200,000 people are infected every year.
- 80% of the HIV infections are among the age of 15 – 49 years, which is the economically active group.



## Percent infection by transmission route

Transmission route	%
Sexual intercourse	70-80
Mother-to-child-transmission	5-10
Injecting drug use	5-10
Blood transfusion	3-5
Health care (needle stick etc)	<0.01)



# Biological Factors Affecting Transmission

Factors Increasing Risk	Factors Decreasing Risk
<ul style="list-style-type: none"><li>■ Infectiousness of host</li><li>■ Susceptibility of recipient (eg poor nutritional status,STDs)</li><li>■ Viral Properties</li></ul>	<ul style="list-style-type: none"><li>■ One partner relationships</li><li>■ Correct and consistent use of latex condoms in relationships outside of marriage</li><li>■ Correct and consistent use of condoms when one or both partners are positive</li><li>■ ART use may decrease, but not eliminate risk of transmitting the virus</li><li>■ ART use has been shown to decrease MTCT in late pregnancy from 40% - &gt;3% in newborns to HIV positive mothers</li></ul>



# Socio-economic Factors Facilitating Transmission

## ■ Poverty

- Poor living conditions including poor nutrition status.
- Greater vulnerability to STDs with limited access to health-care.
- Inability to access ARVs which keeps infectivity high.
- lack of information needed to understand and prevent HIV.



# Socio-economic Factors Facilitating Transmission (contd...)

## ■ Gender

- Biological factors make women more susceptible.
- Greater vulnerability in young girls.
- In many cultures, men are expected to have many sexual relationships.
- Women suffer gender-based inequalities.



# Socio-economic Factors Facilitating Transmission (contd...)

- Drug use and alcohol consumption.
  - impaired judgment.
  - sharing of needles and equipment.



# Socio-economic Factors Facilitating Transmission (contd...)

- **Stigma and Denial**
  - Denial and silence is the norm
  - Stigma prevents acknowledgement of problem and care-seeking
- **Cultural Factors**
  - Traditions, beliefs, and practices affect understanding of health
- **People in Conflict**
  - Context of war and struggle of power spreads AIDS
- **Social Mobility**
  - Global Economy
  - HIV/AIDS follows routes of commerce



# SOCIO-ECONOMIC IMPACT

This impact must be analysed from the point of view of household, sector and the society in general arising from the high numbers of PLWHAs

## Household

- Dramatic decrease in income
- Increased dependants
- Increased school drop outs
- increased cost of healthcare



## IMPACT ON SECTORS

- Morbidity and Mortality leading to loss of skills and experience
- Increased recruitment and training costs
- Increased terminal benefits for the dead, funeral costs and manpower planning
- Diversion of resources to address HIV/AIDS consequences.



## **SOCIETY (ECONOMY IN GENERAL)**

- Decline in life expectancy.
- Increased morbidity and mortality leading to loss of skills and experience.
- Increased health care budget.
- Increased number of orphans and vulnerable children.
- Increased poverty, insecurity and economic decline.



## 2. NATIONAL AIDS CONTROL COUNCIL (NACC)

### 2.1 Establishment of NACC :-

- IN RESPONSE TO THE RAPID SPREAD OF HIV/AIDS, THE KENYA GOVERNMENT DECLARED HIV/AIDS A NATIONAL DISASTER IN 1999.
- THE GOVERNMENT GAZETTED THE FORMATION OF NATIONAL AIDS CONTROL COUNCIL UNDER THE OFFICE OF THE PRESIDENT TO PROVIDE STRONGER COORDINATION MECHANISM TO RESPOND TO THE DISASTER THROUGH MULTI SECTORAL APPROACH.



## 2.2 THE ROLES OF NACC

- 
- DEVELOP POLICIES AND GUIDELINES RELEVANT TO PREVENTION AND CONTROL OF AIDS.
- MOBILIZE RESOURCES FOR AIDS CONTROL AND PREVENTION.
- COORDINATE AND SUPERVISE IMPLEMENTATION OF AIDS PROGRAMMES IN THE COUNTRY.
- COLLABORATE WITH LOCAL AND INTERNATIONAL AGENCIES WHICH WORK IN AIDS CONTROL.



## 2.2 THE ROLES OF NACC (contd...)

- MOBILIZE GOVERNMENT MINISTRIES AND INSTITUTIONS, PRIVATE SECTOR, ACADEMIC AND RESEARCH INSTITUTIONS TO PARTICIPATE IN AIDS CONTROL AND PREVENTION.
- DEVELOP STRATEGIES TO DEAL WITH ALL ASPECTS OF AIDS EPIDEMIC.
- TO DEVELOP NATIONAL MANAGEMENT INFORMATION SYSTEM FOR AIDS CONTROL ACTIVITIES.



## 2.2 THE ROLES OF NACC (contd...)

- TO TAKE LEADERSHIP ROLE IN ADVOCACY AND PUBLIC RELATIONS FOR THE HIV/AIDS CONTROL PROGRAMME.
- SPEARHEAD ADVOCACY ACTIVITIES ON HIV/AIDS POLICIES/PROGRAMMES IN PUBLIC SECTOR, PRIVATE SECTOR, CIVIL SOCIETY INCLUDING FAITH BASED ORGANISATIONS.



## 2.2 THE ROLES OF NACC

- FACILITATE AND GUIDE DEVELOPMENT OF STRATEGIC PLAN IN ALL SECTORS AND THE DECENTRALISED UNITS.



### 3. THE KENYA NATIONAL HIV/AIDS STRATEGIC PLAN (KNASP)

THE NATIONAL AIDS CONTROL COUNCIL HAS DEVELOPED A NATIONAL STRATEGIC PLAN (2000 – 2005) WHOSE MAIN OBJECTIVES ARE:-

1. TO REDUCE HIV PREVALENCE BY 20 – 30% AMONG THOSE AGED BETWEEN 15 – 24 YEARS BY THE YEAR 2005.
2. TO INCREASE ACCESS TO CARE AND SUPPORT FOR THE PEOPLE INFECTED AND AFFECTED BY HIV/AIDS IN KENYA.
3. TO DEVELOP A FRAMEWORK FOR COORDINATION OF HIV/AIDS ACTIVITIES AT ALL LEVELS.



# PRIORITY AREAS OF THE KNASP

THE STRATEGIC PLAN COVERS FIVE PRIORITY  
AREAS NAMELY:-

1. PREVENTION AND ADVOCACY
2. TREATMENT, CONTINUUM OF CARE AND  
SUPPORT;
3. MITIGATION OF SOCIO-ECONOMIC IMPACT
4. MONITORING, EVALUATION AND RESEARCH
5. MANAGEMENT AND COORDINATION



## 4. KEY STAKEHOLDERS IN THE HIV/AIDS NATIONAL RESPONSE:

- Public Sector through AIDS Control Units (ACUs);
- Private sector;
- Faith-Based Organizations (FBOs);
- Civil Society through:
  - Community Based Organizations (CBOs);
  - Non-Governmental Organizations (NGOs);
  - Special Interest Groups (e.g. the disabled);
  - Professional associations and
  - People Living with HIV/AIDS (PLWHA).



## 5. FOCUS ON THE CONSTITUENCY LEVEL

### 5.1 INVOLVEMENT OF EVERY COMMUNITY

- EACH CONSTITUENCY HAS ESTABLISHED WAYS OF MOBILIZING COMMUNITIES, SPECIAL GROUPS AND INDIVIDUALS AND THOSE MOBILIZATION WAYS NEED TO APPLY TO THE WAR AGAINST HIV/AIDS.
- THROUGH CONSTITUENCY AIDS CONTROL COMMITTEES (CACCS) ALL PART OF THE CONSTITUENCY AND ALL GROUPS (PLWA, THE DISABLED, FBOS, WOMEN, YOUTH) ARE REPRESENTED.



## 5. FOCUS ON THE CONSTITUENCY LEVEL (contd....)

- THE PRESENCE OF **CACC SECRETARIAT** TO EMPOWER THE PROCESSES AT LOCAL LEVELS AND IN ENSURING THE ENTIRE CONSTITUENCY IS REACHED AND INVOLVED AND FOR COORDINATING ACTIVITIES AND DATA COLLECTION.
- A BASIS FOR SYNERGY BETWEEN HIV/AIDS ACTIVITIES AND OTHER ON-GOING CONSTITUENCY-BASED DECISIONS (eg. Development, Bursaries) THE CONSTITUENCY IS THE WINDOW TO THE COMMUNITY IN THE CONTEXT OF COMMUNITY DYNAMICS TOUCHING ON ALL PEOPLE.



## 5.2 MITIGATING IMPACT THROUGH COMMUNITIES:

- THROUGH COMMUNITY/VILLAGE COMMITTEES, IN THE CONSTITUENCY TO ENHANCE ADVOCACY FOR UTILIZATION OF VCT SERVICES SO THAT PEOPLE KNOW THEIR STATUS TO GUIDE THEIR SUBSEQUENT BEHAVIOUR.
- THROUGH COMMUNITY/VILLAGE COMMITTEES IN THE CONSTITUENCY, THOSE LIKELY TO BE PLWA CAN BE IDENTIFIED FOR FOLLOW UP AND ARRANGEMENTS MADE FOR ACCESS TO:
  - FOOD
  - MEDICINES FOR OPPORTUNISTIC INFECTION
  - ARVS
  - OTHER SUPPORT



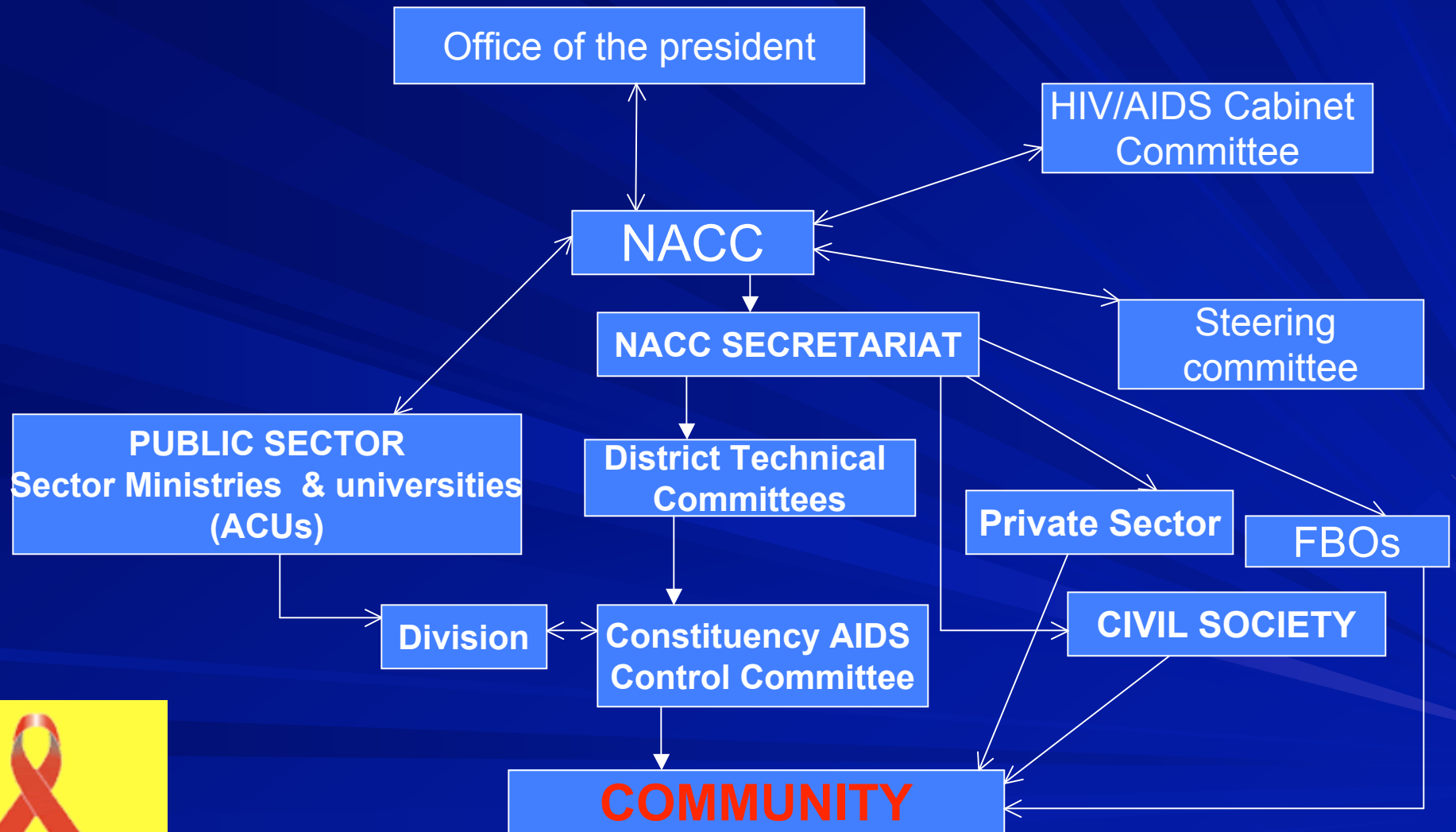
## 5.2 MITIGATING IMPACT THROUGH COMMUNITIES:(contd....)

- THROUGH COMMUNITY/VILLAGE COMMITTEES IN CONSTITUENCY, AFFECTED FAMILIES CAN BE IDENTIFIED AND THEIR SPECIAL NEEDS ADDRESSED e.g. ORPHANS FOR BURSARIES, FOR CARE AND SUPPORT.
- THROUGH COMMUNITY/VILLAGE COMMITTEES IN CONSTITUENCY, HOME/COMMUNITY-BASED SUPPORT AND CARE CAN BE PROVIDED IN AFFORDABLE WAYS.



# 6. CO-ORDINATION RELATIONSHIPS

## NACC STRUCTURE



# 7. THE ROLE OF UNIVERSITIES.

## 7.1 Generic role of the universities:

- Similar to other public sector institutions, the Commission of Higher Education (CHE) has established an AIDS Control Unit (ACU) through which universities and other institutions of higher learning are to participate in the HIV/AIDS national response. Each university was to establish a sub-ACU. Some of the roles of these institutions include:-
  - Research work on the HIV/AIDS epidemic.
  - Infusion and integration of HIV/AIDS education in the curricular of the respective universities.
  - Creation of a cadre of peer education/councilors to be used within both and without the universities.
  - prevention and control of the HIV/AIDS epidemic in their target populations (students, lecturers and other staff.)



## 7.2 What NACC and universities have done so far.

<i>Strategy</i>	<i>Responsibility</i>	<i>Date</i>	<i>Output</i>
<i>Held a one day consultative meeting with university and commission policy makers</i>	CHE & NACC	Jan 2003	VCs, Commissioners & senior staff in CHE sensitised and briefed. Recommendations on the way forward.
<i>Appointment of Sub-ACU staff</i>	VCs	Feb 2003	Head and at least 2 other officers/lecturers appointed.
<i>Strategic planning and training of ACU personnel</i>	CHE & NACC	Feb 2003	Institutional strategic plans.
<i>Acquisition/development of IEC materials and establishment of resource center.</i>	Universities, CHE & NACC	Continuous	Resource center for the university community.



## 7. THE ROLE OF UNIVERSITIES.(contd...)

### 7.3 Universities as technical and operational back-up to constituencies:

- Are universities in a position to accept back-up responsibilities for constituencies in designated administrative units?
- Would universities establish departments or units to specialise in this responsibility?
- Would the appropriate administrative unit be a province or a district?

I ask the universities to appoint a team to work with to explore the modalities for looking into these issues.

