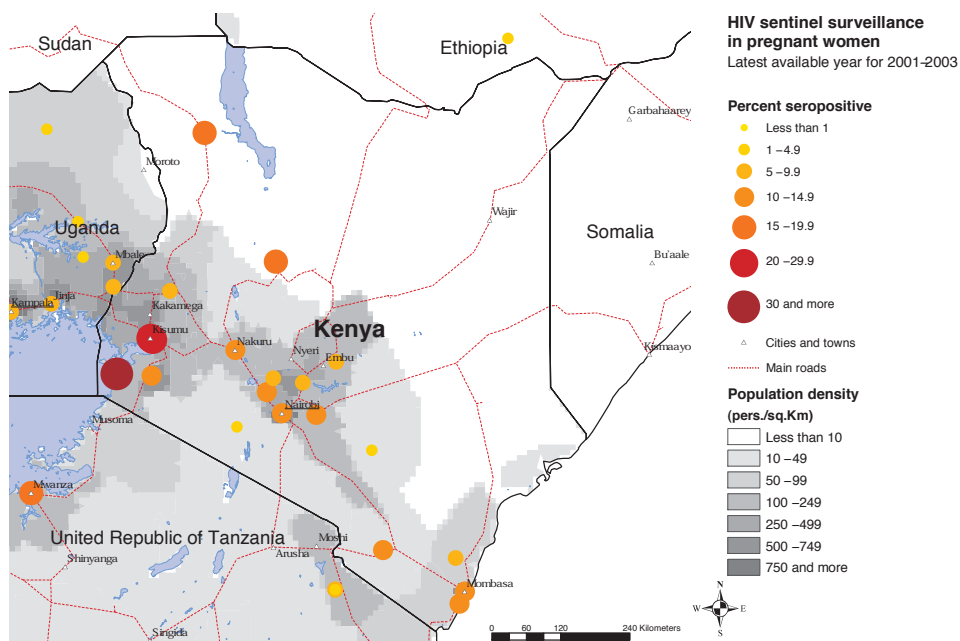


WHO estimate of number of people requiring treatment – end 2005: 220 000  
 Antiretroviral therapy target declared by country: 95 000 by 2005



### 1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	32.4	United Nations
Population in urban areas (%)	2003	38.8	United Nations
Life expectancy at birth (years)	2002	50.9	WHO
Gross domestic product per capita (US\$)	2001	367	IMF
Government budget spent on health care (%)	2001	6.2	WHO
Per capita expenditure on health (US\$)	2001	29	WHO
Human Development Index	2001	0.489	UNDP

### 3. Situation analysis

- Epidemic level and trend and gender data.** In 1999, Kenya declared HIV/AIDS a national disaster and public health emergency as a result of the following disturbing statistics. An estimated 820 000 to 1.7 million people are living with HIV/AIDS in Kenya. An estimated 1.5 million people have died from AIDS since 1984. More than 1.2 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.
- Major vulnerable and affected groups.** Vulnerable groups include AIDS orphans, pregnant women and rural populations living in areas with a high burden of disease. 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 15.3% among pregnant women.
- Policy on HIV testing and treatment.** The government established the National AIDS Control Council in November 1999 to oversee all HIV/AIDS matters. The Council has in place the Kenya National HIV/AIDS Strategic Plan 2000–2005, whose overriding theme is social change to reduce HIV/AIDS and poverty. Other supportive policies include the Sessional Paper No. 4 of 1997, providing a policy framework to guide all partners in Kenya's response to the challenges of HIV/AIDS. Other indications of political commitment include a condom policy, 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. A new policy on diagnostic testing and counselling is expected to be finalized by July 2004.

### 2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15–49 years)	2003	4.7 – 9.6%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0–49 years)	2003	820 000 – 1 700 000	WHO/UNAIDS
Cumulative number of reported AIDS cases	2001	81 492	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15–49 years)	June 2004	11 000	WHO
Estimated total number needing antiretroviral therapy in 2005	2003	220 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	2003	304	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites	2003	123 060	Ministry of Health
Prevalence of HIV among adults with tuberculosis (15–49 years)	2002	51.4%	WHO

- Antiretroviral therapy: first-line drug regimen, cost per person per year.** The first-line drug regimen consists of a generic form of the fixed-dose combination stavudine + lamivudine + nevirapine and costs US\$ 240 per person per year. 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 average cost per person per year of this treatment course is US\$ 284. The national authorities have approved all first-line drugs.
- Assessment of overall health sector response and capacity.** Kenya's response to HIV/AIDS is addressed primarily through the National AIDS Control Council and the National AIDS and STDs Control Programme (NAS COP). Kenya has made significant progress in preparing for institutionalizing care and treatment and has advanced plans to open 30 comprehensive care centres, including all provincial hospitals, 15 high-volume district hospitals and support to six mission hospitals.
- Critical issues and major challenges.** Health facilities are understaffed; an additional 2100 staff are estimated to be required to support scaling up antiretroviral therapy. Several areas need to be developed further, including aligning and coordinating partners around scaling up, developing a national human resources plan to support scaling up, improving capacity to develop operational research for antiretroviral therapy and further developing protocols on antiretroviral therapy and adherence. Treatment literacy is very low, which is associated with very high levels of stigma among health workers and general population. Although an estimated 11 000 people are receiving antiretroviral therapy, systematic monitoring and evaluation is lacking.



#### 4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004–2005

- WHO estimates that the total funding required to scale up antiretroviral therapy to reach the WHO "3 by 5" treatment target of 110 000 people in 2005 is between US\$ 286.3 million and US\$ 336.5 million. Of this amount, government resources are expected to fund US\$ 79.7 million. Kenya receives substantial support from the United States President's Emergency Plan for AIDS Relief, with expected commitments of US\$ 143.85 million for 2004–2005 and support from other bilateral partners of about US\$ 17.2 million over the same period.
- Kenya submitted a successful Round 2 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria and was granted US\$ 36.7 million for the HIV/AIDS component. A portion of the funding from Round 2 is proposed to be reallocated to HIV/AIDS care and, specifically, to antiretroviral therapy.
- Taking into account the funds committed to date to support scaling up antiretroviral therapy, WHO estimates that the total funding gap for Kenya to reach 110 000 people by the end of 2005 is between US\$ 39.6 million and US\$ 60.7 million.

#### 5. Antiretroviral therapy coverage

- Kenya's total treatment need in 2005 is estimated to be 220 000 people, and the WHO "3 by 5" treatment target is 110 000 people (based on 50% of need). Kenya's declared national treatment target for 2005 is to reach 95 000 people.
- During 2003, the government provided an estimated 1000 people with antiretroviral therapy; other sectors covered an additional 10 000 people.
- Kenya's successful Round 2 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria is expected to provide antiretroviral therapy to 4000 people over two years and will fund the training of 1800 health workers.
- Looking forward, the United States President's Emergency Plan for AIDS Relief aims to provide 45 000 people with antiretroviral therapy by the end of 2005, and other sources are expected to support an additional 7000 people.

#### 6. Implementation partners involved in scaling up antiretroviral therapy

- *Leadership and management.* The NASCOP provides leadership in policy, programming and national human resources planning and, along with the Ministry of Health, jointly leads in coordinating implementation and 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 (CDC), the United Kingdom Department for International Development and nongovernmental organizations contribute to strengthening the health system. The United States Agency for International Development and the United States President's Emergency Plan for AIDS Relief provide strong support for national human resources planning.
- *Antiretroviral therapy service delivery.* The NASCOP provides leadership in supply chain management, laboratories, capacity-building, training, development of guidelines, testing and counselling, accelerating prevention and the processes of entering antiretroviral therapy. The Ministry of Health and the national procurement agency (KEMSA) provide leadership in procurement issues, supported by an international consortium for procurement established with the international procurement agencies of Crown Agents, GTZ and John Snow Inc. (JSI). Building the capacity of KEMSA is a key objective of the consortium. Policy on managing the supply chain and guidelines for antiretroviral drugs have been developed by the Logistical Management and Information Unit based at KEMSA in conjunction with NASCOP. CDC 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 CDC, among other agencies, support testing and counselling. WHO provides normative support for developing tools and guidelines, and a range of agencies support the processes of entering antiretroviral therapy, including bilateral partners, nongovernmental organizations and others.
- *Community mobilization.* The NASCOP leads communication activities related to programmes with support from UNAIDS, CDC, the United States Agency for International Development and the United Kingdom Department for International Development. A communication strategy for antiretroviral therapy is under development. The National AIDS Control Council provides leadership in building the capacity of people living with HIV/AIDS with support from the NASCOP.
- *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 CDC, Médecins Sans Frontières, Family Health International, JSI Research and Training Institute and private companies. CDC also supports information management and antiretroviral drug resistance activities.

#### 7. WHO support for scaling up antiretroviral therapy

WHO's response so far

- Supporting the training of health workers in the rational use of antiretroviral drugs in 15 health centres
- Supporting the development of proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria and planning for implementation
- Under the WHO/OPEC Fund Multi-country Initiative on HIV/AIDS, providing support for: expanding and promoting voluntary counselling and testing services; expanding and promoting services for preventing mother-to-child transmission; building institutional capacity (Ministry of Health) 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 financially supporting one National Programme Officer and a project coordinator based in the NASCOP

Key areas for WHO support in the future

- Establishing a "3 by 5" country team in the WHO Country Office to support the government and other partners in scaling up antiretroviral therapy
- Supporting finalization of Kenya's operational plan for scaling up antiretroviral therapy
- Supporting monitoring and evaluation activities, including designing and implementing a national system for patient tracking and monitoring and evaluation
- Addressing WHO certification of fixed-dose combinations
- Supporting strengthening laboratory services, including the National Public Health Laboratory, for quality assurance for antiretroviral drugs, including staff, guidelines and standards
- Assisting in developing and implementing a plan for reviewing programmes
- Providing technical assistance to formally assess Kenya's emerging capacity for manufacturing medicine

Staffing input for scaling up antiretroviral therapy and accelerating prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include one National Programme Officer in the position of Focal Point Coordinator in East Africa for the WHO study on the use of highly active antiretroviral therapy to prevent mother-to-child transmission and one National Programme Officer on HIV/AIDS. The recruitment of an international "3 by 5" Country Officer is currently underway.
- 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.

#### For further information, please contact:

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This country profile was developed in collaboration with national authorities, the WHO Country Office for Kenya and the WHO Regional Office for Africa.

