

HIV and AIDS in Kenya: Where are we now?

Dr. Njambi Njuguna, MBChB, MSc, MPH
FHI360 LINKAGES Kenya
Correspondence: nnjuguna@fhi360.org



Background

Kenya is one of four HIV ‘high burden’ countries in Africa with 1.5 million people living with HIV in Kenya at end of 2015. Overall HIV prevalence is 5.9% in Kenya with women bearing the brunt of infection (7.0% prevalence compared to 4.7% among men). There are approximately 71,034 new HIV infections among adults and 6,613 new infections among children annually.

Status of Kenya AIDS Epidemic and Response in 2015

	Children (0-14 years)	15+ years	15+ years	Total
Number of People living with HIV				
	98,170	775,939 6.3% prevalence	643,598 5.5% prevalence	1,517,707 5.9% prevalence
Number of new HIV Infections				
	6,613	39,868	31,167	77,647
Treatment coverage				
	71,547 77%	826,097 66%		897,644
AIDS Related Deaths				
	5,004 14%	10,681 30%	20,136 59%	35,821

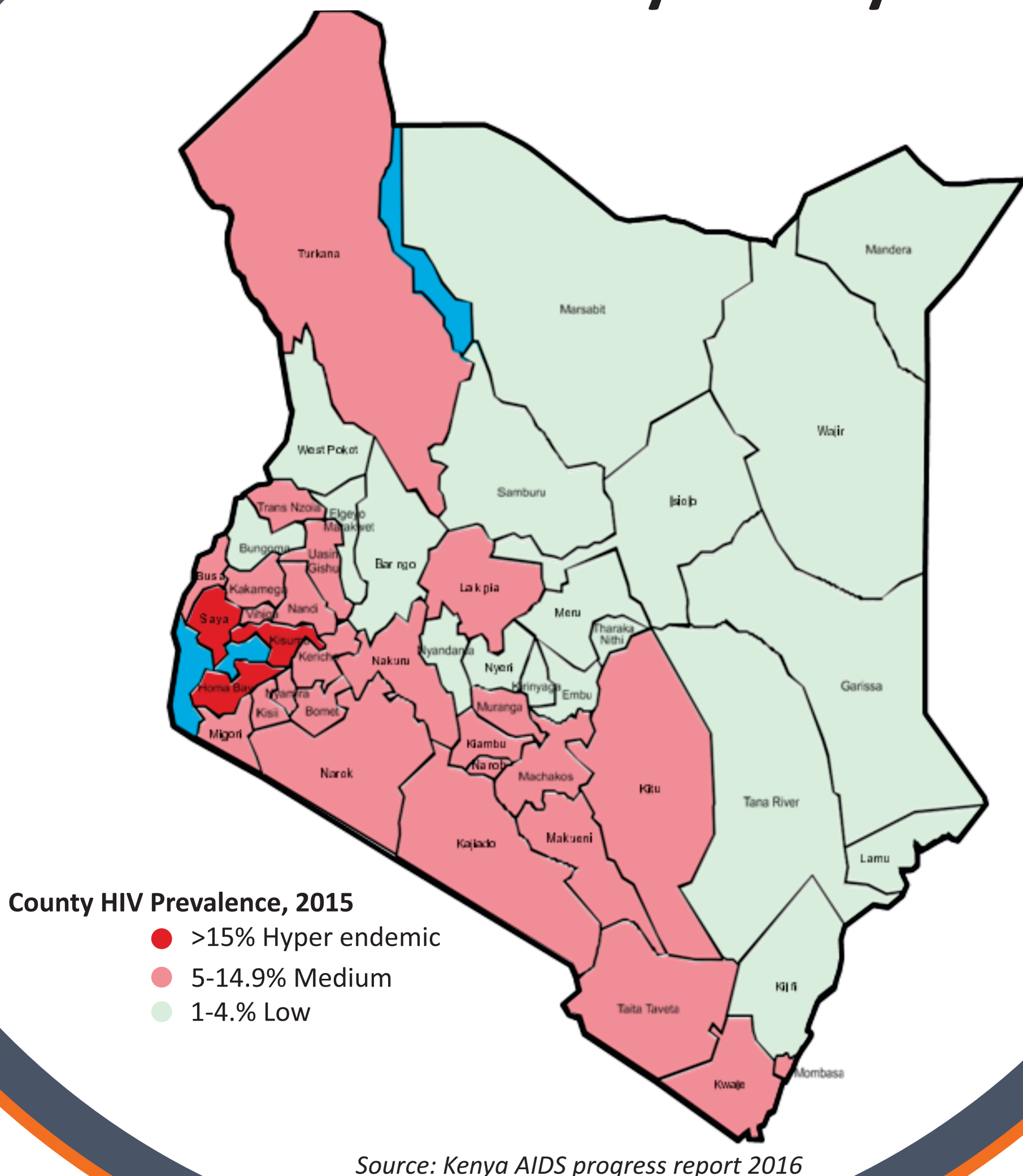
HIV in Kenya is characterized as a generalized epidemic with pockets of concentration among key populations (KPs) considered to be at heightened risk of infection and transmission. HIV accounts for 29% of all annual adult deaths in Kenya. Approximately half (53%) of all HIV infected persons in Kenya do not know of their status.

Source: Kenya HIV county profiles 2016; Kenya HIV estimates 2015, KAIS 2014

Kenya has a population of approximately 46 million people (2016). The first case of HIV in Kenya was detected in 1984. By end of 2015, there were 1.5 million people living with HIV in Kenya with Western part of Kenya being the most affected by HIV with Homabay, Siaya and Kisumu counties having a prevalence of 27.5%, 23.7% and 19.3% respectively. Antiretroviral (ARV) drug use is increasing and currently 58% of adults and 73% of children needing ARVs are receiving them.

Source: census data 2009, Kenya HIV estimates 2015, Kenya AIDS progress report 2016

2015 Adult HIV Prevalence by county



Source: Kenya AIDS progress report 2016

Why is there such high prevalence among KPs?

Several factors contribute to high prevalence among FSW and MSM, including:

- Structural barriers eg criminalization of sex work, violence, the limiting influence of poverty, gender, and inequality;
 - The pervasiveness of stigma and discrimination;
 - Higher risk behaviour eg lack of condom use with regular partner, inconsistent condom use with higher paying clients, alcohol and drug use
- Ministry of health and other partners are implementing several interventions to address these barriers.



Stigma and Discrimination



Legal Environment



Higher Risk Behaviours

What is being done for HIV prevention and treatment in Kenya?

Behavioural interventions

- Promotion of consistent condom and lubricants use
- Behavioural change communication through media and peer educators
- Health education

Biomedical interventions

- Pre-exposure prophylaxis (PrEP)
- Antiretroviral medications (ART) – test and start has been implemented
- Treatment of sexually transmitted infections

Structural interventions

- Sensitization of police and healthcare workers on rights of KPs and persons infected with HIV
- Implementation of laws to protect rights of HIV infected persons and enforcement of human rights for all citizens, including KPs

Key populations

HIV in Kenya is characterized as a generalized epidemic with pockets of concentration among key populations (KPs) – men who have sex with men (MSM), female sex workers (FSW) and people who inject drugs (PWID) – considered to be at heightened risk of infection and transmission. Estimated HIV prevalence among KPs is much higher than the general population.

HIV prevalence among Key populations in Kenya

HIV Prevalence Among Key Populations		
Sex Workers	Men Who Have Sex With Men	People Who Inject Drugs
29.3%	18.2%	18.3%
Population Size Estimate		
133,675	22,000	18,327
HIV Service coverage		
76%	65%	68%

Source: NASCOP Programme Data and MARPS Size Estimate Consensus Report

A third of all HIV infections in Kenya are from men who have sex with men, sex workers and their clients, prisoners and injecting drug users.

Conversations with sex workers

"I prefer married men. They are easy to deal with. They understand household needs and they tend to safeguard me as a 'wife,' that way I feel special. In return, I offer him sex minus a condom," FSW, 22 yrs, Nakuru county.

"I really don't know how to say no to his sexual advances. I am a woman, and when I need emotional support, my Kaplainer (kaplainer – from the word plain, means someone you have sex without a condom) provides it." FSW, age unknown, Narok county

"I was initiated to sex work at age 21. I had just joined college to do secretarial studies as my dream job has been to work in the hotel and tourism industry... to meet people of different cultures. At that age, sex work was a real survival game for my peers. We had to either be in the streets sleeping in a corner or extend the hours to the day in a pub, as we wait for sundowner." FSW, 30 yrs, Mombasa county.

"The sponsor (regular paying client) wishes to stay on....I don't know how best to report (violence), because I have always presented my sponsor as a husband. The police always advice we go back home and sort out domestic issues amicably. I cannot say I am a sex worker, I fear arrest. To get him off my house, I am only left with one tactic, show disinterest until he pursues another woman" FSW, 31 yrs, Nakuru county