WORLD AIDS DAY SUPPLEMENT

A procession warning people about Killer Aids: People are being urged to change their sexual habits in a bid to curb its spread.

Faces do not tell: What might look like a healthy person might be infected with the virus as it has a long incubation period before it manifests itself.

Magnitude of the problem in Kenya

The Ministry of Health estimates that 200,000 Kenyans died of Aids between 1984 and 1995. If Aids prevention and control measures are not pursued more aggressively and Kenyans change their sexual behaviour in order to reduce the number of new infections, upt to one million men, women and children may die of Aids by the year 2000.

In 1995, Aids was reported to be the leading killer of men and women aged 15-39 years in sub-Saharan Africa. The incidence of deaths due to Aids is still increasing because of the existence of a large pool of people with HIV infection.

It is projected that the number of deaths due to Aids among people aged 15-39 years in Kenya during the period 1995-2000 may be three times the number of deaths due to all other diseases combined: Aids affects development and security.

Aids kills young economically, productive people, brings hardship to families, increases expenditure on health care and adversely affects the country's development.

By depriving the ecnomy of qualified and productive labour force, restricting the tax base, and raising the demand for social services due to the increased number of orphaned children, widows and the high cost of health care, Aids poses a great challenge to Kenya's development. The loss of skilled uniformed officers has security implications.

In order to overcome these challenges, a strong political commitment at the highest level, implementation of a multi-sectoral Aids prevention and control strategy with priority focus on young people, mobilisation of resources for financing HIV prevention, care and support, and establishment of **National Aids Council** to provide leadership at the highest level possible are critical.

Aids is a new disease. The first case was reported in the United States in 1981. It is caused by Human Immunodeficiency Virus (HIV). HIV is transmitted through sexual contact, infected blood and from an infected mother to a child.

By the end of June 1996, the World Health Organisation estimated 28 million people worldwide to have been infected with HIV and five million dead due to Aids.

It is projected that by the year 2000, the cumulative number of people infected will be 30-40 million. Of these, 90 per cent will be in developing countries.

Analysis of HIV infections by geographic distribution reveals that the highest concentration of the epidemic is in sub-Saharan Africa accounting for approximately 70 per cent of all HIV infections world-wide. Kenya is one of the countries in this region most affected by this epidemic.

The main reasons for the rapid spread of Aids in Africa are not clearly understood.

However, ignorance, poverty, high incidence of sexually transmitted diseases, socio-cultural beliefs and practices, civil war and deficient public health infrastructure are the main factors.

In Kenya, Aids was first recognised in 1984. The number of new Aids cases reported in one year has been on average 12,000 since 1990.

However, due to under-reporting, missed diagnosis and delays in reporting, reported cases only represent the tip of the iceberg. The valid estimate may be three times what is reported.

Men and women are infected in equal proportions. Eighty per cent of the cases occur in the age-group 15 to 49 years while 10 per cent are children under the age of five years.

The epidemic is more advanced in Nyanza, Western and parts of Rift Valley provinces where HIV prevalence rates among pregnant women are 15 per cent to 30 per cent.

It is estimated that if current infection rates continue, the number of people infected will increase from 1.1 million in 1995 to 1.7 million by the turn of the century.

Sexual contact accounts for up to 90 per cent of Aids cases in Kenya.

Heterosexual contact is the main mode of transmission. However, bisexual contact has been reported in some parts of the contry particularly Coast Province, and among confined groups like prisoners. Homosexual contact has not been reported in Kenya.

Mother to child transmission is growing in importance because of the high HIV infection rates among young women. This mode of transmission together with exposure to infected blood accounts for about 10-20 per cent of Aids cases in Kenya.

Exposure to infected blood occur through transfusion of blood and blood products, injections, traditional surgical practices, and skin-piercing where instruments are shared.

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Government response to Aids

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When the first case of Aids was recognised in Kenya, the Government responded by taking the following measures:

❑ Establishment of National Aids Committee and the development of strategic plans.

The committee, established in 1985, advises the Governemnt on all matters related to the prevention and control of Aids.

❑ Recognition of Aids as a development issue.

This led to devoting a whole chapter on Aids in the Seventh National Development Plan and the Fifth District Development Plans.

❑ Recognition of STD control as a priority intervention

The recognition that sexually transmitted diseases facilitate the spread of HIV led to integration of STD control into Aids control thus establishing NASCOP in 1992.

❑ Resource mobilisation

The Government received considerable support from multilateral and bilateral donors in the financial assistance in the control of Aids.

Major achievements: Evaluation of the impact of interventions undertaken in Kenya since HIV was first recognised has identified the following areas of major achievements:

❑ High level of awareness attained: A national survey in 1993 revealed that 90 per cent of men and women (15-49 years) were aware of sexual transmission of Aids irrespective of urban-rural residence, level of education or province of residence.

However, misconceptions about the modes of transmission of HIV particularly mosquito bites, and kissing was very high (50 per cent of respondents). There is still need to intensify Aids awareness particularly among young people and people living in rural areas.

❑ Safe blood transfusion: Infrastructure for screening of blood for HIV has been established. This includes the availability of HIV blood screening facilities in most district, provincial, mission and priate hospials, supply of HIV testing reagents, maintenance of HIV screning machines, training of laboratory personnel and education of blood donors.

This has ensured that 98 per cent of blood for transfusion is screend for HIV in Kenya.

However, the maintenance of this infrastructure to make it responsive to the rapidly changing technology in HIV screening has put considerable strian on the National Aids Programme due to resource limiations.About Ksh£10 million is required every year to maintain an effective HIV blood screening programme.

❑ Advocacy: The National Aids programme has been instrumental in advocacy on critical issues pertaining to law, ethics, culture, vulnerability of women, and youth among others.

The programme has developed partnership wih NGOs, community-based organisations and internatonal agenceis working in the area of Aids, human rights and development.

❑ HIV Surveillance: Surveillance systems for monitoring the trend of HIV epidemic and Aids cases is established. Kenya is one of the few countries in the World with an effective HIV sentinel surveillance, Aids case surveillance programme and reliable epidemiological database on Aids. District capacity to implement HIV prevention has been realised through the establishment of District Inter-sectoral Aids co-ordinating committees which bring together representatives of Government departments, NGOs and community-based organisations.

The Ministry of Health has since 1995 decentralised Aids activities to the districts by issuing authority to incur expenditure to District Medical Officers for Aids control.

❑ NGOs participationL: Many NGOs and community-based organisations are involved in HIV prevention and care activities. A consortium of NGOs working in HIV prevention and care exists.

❑ Major Constraints: The major constraints that plague Aids control in Kenya include the slow pace of change of behaviour, resource limitations, poverty, harsh effects of structural adjustment programmes on the vulnerable groups particularly widows and orphans, rapid increase in the number of people developing Aids and needing medical care and social support, over-burdened NASCOP, and lack of a clear policy framework to guide implementing agencies.

Although remarkable efforts have been made in Kenya to control the spread of HIV and to reduce the impact of Aids on individuals, families, communities and the nation as a whole, the epidemic remains powerful and dynamic, evolving wih changing and unpredictable patterns in different communities.

In communities where the epidemic is advanced and appears to be levelling in the general population, infection rates are increasing among young women. Within these communities, a new epidemic or orphaned children and widows has emerged.

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Aids challenges

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AIDS is a major development and health problem. It affects socio-economic and cultural aspects of life. It destroys young members of the population who are economically productive thus disrupting development.

Behaviour change which is critical for effective prevention and control measures takes a long time to be realised because issues related to sexuality are taboo, private and intimate.

❑ Economic impact: Aids has significant effects on demographic composition of the population, and on social and economic structures of the country.

The disease has negative effects on life expectancy, infant mortality, adult hardships to the family by reducing the capacity to earn income.

It adversely affects health care expenditures as well as the overall adverse economic repercussions given it snegative impact on population trends, labour productivity and overall social costs.

❑ Morbidity and mortality: Most Kenyans with HIV infection look healthy and have no symptoms.

This is due to the long incubation period of Aids. Because up to 80 per cent of people infected are in the age-group 15-49 years efective labour force for the country is threatened.

The number of deaths arising from full blown Aids remains a small proportion of the HIV positive population but is growing steadily. It is estimated that whereas 16,000 people died of the disease by 1989, and 200,000 by 1995, the cumulative figure is projected to increase to one million by the year 2000.

The economic consequences of increasing deaths particularly in the rural areas will be the deprivation of the agricultural sector of its required labour force, noting that 74 per cent of Kenya's labour force is engaged in small scale farming.

Increasing deaths due to Aids results in higher child and adult dependency ratios, which imply greaterdemand for health and education services. More single parents especially mothers and Aids orphans will raise the demand for social services.

Because it is the duty of the Government to provide these social sercices, the implications of htis will be the diversion of invemnet funds to meet the increased demands for social services. In addition, the country will have a restricted tax base thus reducing the Government's ability to meet the demand for social services.

❑ Costs to the economy: The direct and indirect costs of treating Aids patients can be quantified. Direct costs include the cost of drugs, laboratory tests, radiology and hospital overhead costs.

Indirect costs involve the average productive life-years lost. Surveys in Kenya indicate that a productive person can be defined to be one aged between 15 and 65 years. An adult therefore has 50 years available for work.

On average, a Kenyan is employed for 36 years. Combining productive life-years lost with the age of those who develop Aids, each new Aids case results in a total loss of 22 years of productive life. The average direct cost per new Aids case is estimated to be KSh34,680 assuming that 55 per cent of Aids patients receive hospital treatment plus an estimated indirect cost of KSh538,560 in lost wages. This gives the combined cost of Aids to be KSh573.240. These costs are very high for a young economy like that of Kenya.

In order for the Government to meet the costs of treating Aids and related diseases it must adopt a strategy of partnership with the private sector, NGOs, donor agencies and the community in health care financing.

Gen. (Rtd) Jackson Mulinge

From Minister's desk

Aids is a major public health problem with negative impact on development. This scourge has continued unabated claiming millins of lives world-wide. World Health Organisation predictions indicate an upward trend in both the nunber of Aids cases and healthy-looking HIV carriers.

The Aids situation in Kenya, like in many other countries, has progressed from one case in 1984 to 200,000 cases by the end of 1996. The number of persons in Kenya infected with Aids virus is currently estimated to be 1.2 million and is expected to reach 1.7 million in the next four years causing severe repercussions, including much suffering and death.

HIV prevention activities must be intensified in order to reduce the number of people getting newly infected and to reduce the impact of this scourge on the people of Kenya.

To ensure the protection of all citizens from this dreadful scourge, it became necessary to develop the Sessional Paper on Aids which provides guidance to all organisations and institutions involved in Aids work in Kenya.

The need for a policy framework was foreseen as a prerequisite to effective leadership in efforts to combat this epidemic.

The theme of this years World Aids Day is: Children living in a world with Aids. This is a suitable reminder to all Kenyans of the need to protect future generations from Aids and its negative impacts.

— Gen. (Rtd.) J.K. Mulinge, the Minister for Health.