FRIDAY NOVEMBER 19 1999

**Ministry OF** **HEALTH**

**THE NATIONAL AIDS AND STDS CONTROL PROGRAMME OF KENYA (NASCOP)**

The Ministry 01 Health estimates that

*200, 000 Kenyans died of AIDS*

between 1984 and 1995. II AIDS

prevention and control measures are

not pursed more aggressively and

Kenyans change their sexual behaviour\_

in order to reduce the number 01 new

infections, up to one million men,

women and children may die 01 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 01 the existence 01 a large

pool 01 people with *HIV infection*. It is

projected that the number 01 deaths

due to AIDS among people aged 15-39

years in Kenya during the period

1995-2000 may be three times the

number 01 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 economy 01 qualified and

productive labour force, restricting the

tax base, and raising the demand lor

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 01 a

*multi-sectoral AIDS prevention and*

*control strategy* with priority locus 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 01

America 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

01 June 1996, the World Health

Organisation estimated 28 million

people world-wide to have been

infected with HIV and 5 million dead

due to AIDS.

a) Establishment of National AIDS

Committee and the development

Exposure to infected blood occurs

through transfusion of blood and blood

products, injections, traditional surgical

practices, and skin-piercing where

instruments are shared.

It is projected that by the year 2000, the

cumulative number 01 people infected

will be 30-40 million. Ninety percent 01

these people win be in developing

countries. Analysis 01 HIV infections by

geographic

distribution reveals that the highest

concentration 01 the epidemic is in the

sub- Saharan Africa accounting for

approximately 70% of all HIV infections

world-wide. Kenya is one of the

countries in this region most affected

by this epidemic. The main reasons

the rapid spread 01 AIDS in Africa are

not clearly understood. However,

ignorance, poverty, high incidence 01

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. 80% of the cases occur in

the age-group 15 to 49 years while

10% are children under the age of 5

years. The epidemic is more advanced

In Nyanza, Western and parts of Rift

Valley provinces where IRV prevalence

rates among pregnant women are 15%

to 30%. 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

the century. Sexual contact accounts

for up to 90% of AIDS cases in Kenya.

Heterosexual contact is the main mode

Of transmission. However, bisexual

contact has been reported in some

parts of the country 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 01 the high HIV

infection rates among young women.

This mode 01 transmission together

with exposure to infected blood

accounts for about 10-20% 01 AIDS

cases in Kenya.

1.1 Government response to AIDS

When the first case 01 AIDS was

recognised in Kenya, the Government

responded by e*stablishment of National AIDS*

*Committee and the development*

was established in 1985 to advise

the Government on all matters

related to the prevention and

control of AIDS. AIDS Programme

Secretariat (APS) was

established in the office of the

Director Medical Services to

co-ordinate programme activities.

These steps led to the

establishment of Kenya National

AIDS Control Programme in 1987

which was then followed by the

development live year

strategic plan, Medium Term Plan

(1987-91). This plan emphasised

creation of awareness about

AIDS, blood safety, clinical

management of AIDS

opportunistic infections and

capacity building for management

of AIDS control programme at

national level. The main

strategies pursued were the

prevention sexual transmission,

prevention of transmission

through blood, prevention 01

mother to child transmission and

disease surveillance. Second

Medium Term Plan (1992-96)

continued to pursue the same

strategies but in addition

emphasised the need to involve

an sectors in HIV prevention in

order to mobilise broader National

response against the epidemic.

The new plan also emphasised

the need to provide care and

social support to people inlected

with HIV, their families and

community; the need to reduce

the social and economic

consequences HIV/AIDS and

the strengthening national and

district capacity to respond to the

epidemic.

*b) Recognition of AIDS* as a

*development issue*

This led to devoting a whole

chapter on AIDS hi the Seventh

National Development Plan and

the Filth District Development

Plans.

c) *Recognition of STD control* as a

*priority intervention*

The recognition that Sexually

Transmitted Diseases facilitate

the spread of HIV led to

integration 01STD control into

AIDS Control thus establishing

NASCOP in 1992.

*d) Resource mobilisation*

The Government received

considerable support from

multilateral and bilateral donors in

the financing of AlDS control

activities during the first half the

first MTP. However, it became

apparent to the Government that

while the epidemic was getting

worse, funding from donors was

rapidly declining. In 1993, the

Government approached the

World Bank l a credit to help

finance HIV prevention and care.

The world Bank approved a

credit of US' 40 million from the

International Development

Association (IDA) in 1995 for

Sexually Transmitted Infections.

The Government appeals to

donor agencies for assistance

towards HIV prevention and care.

The annual requirement for HIV

prevention alone is estimated to

be 40 million Kenya Pounds. This

excludes the cost of care. Cost

benefit analysis in Kenya has

shown that for every shilling

invested in HIV prevention, there

are thirty shillings net savings in

benefits. Effective resource

mobilisation and use 0f these

resources require that an

appropriate policy framework be

put in place to guide programme

implementation, particularly

where many actors inCluding

Non-Governmental

Organisations, Community Based

Organisations and the private .

sector are involved. Hence the

preparation of this paper.

1.2 Major achievements

Evaluation of the impact of interventions

a) High Level of awareness attained

National Survey in 1993 revealed

that 90% of men and women

(15-49 years), were aware 01

sexual transmission of AIDS

irrespective of urban-rural

residence, level 01 education or

province 01 residence. However,

misconceptions about the modes

of transmission 01 HIV,

particularly mosquito bites and

kissing, were very high(50% 01

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 HIV blood

screening facilities in most district,

provincial, mission and private

hospitals, supply 01 HIV testing

reagents, maintenance of HIV

screening machines, training 01

laboratory personnel and

education 01 blood donors. This

has ensured that 98% 01 blood

transfusion is screened for HIV in

Kenya. However, the

maintenance 01 this infrastructure

to make it responsive to the

rapidly changing technology in

H*IV* screening has put

considerable strain on the

National AIDS Programme due to

resource limitations. *Kenya*

*Pounds 10 million is required*

*year* to *maintain* an

*effective HIV blood screening*

*programme.*

c) *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 partnerships with

NGOs Community Based

Organisations and international

agencies working in the area 01

AIDS, human rights and

development.

*d) HIV Surveillance*

Surveillance systems for

monitoring the trend 01HIV

epidemic and AIDS cases is

established. Kenya is one of the

few countries in the world with an

elective HIV sentinel surveillance,

AIDS case surveillance

programme and reliable

epidemiological database on

AIDS. District capacity to

implement H*IV* prevention has

been realised through the

establishment 01 District

Inter-sectoral AIDS co-ordinating

Committees which bring together

representatives 01 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 Ollicers lor AIDS

control.

*NGOs participation*

Many NGOs and Community

Based Organisations are involved

in HIV prevention and care

activities. A consortium ol NGOs

working in HIV prevention and

care exists. been made in Kenya to control

the spread of HIVand to reduce

the impact ol AIDS on individuals,

Families, communities and the

Nation as a whole, the epidemic

remains powerful and dynamic,

evolving with 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 01

orphaned children and widows

has emerged.

Objectives of Sessional Paper on AIDS

The aim 01 the Sessional Paper on AIDS

is to provide a policy framework within

which AIDS prevention and control efforts

will be undertaken lor the next 15 years

and beyond. Specifically:

The SPA will give direction on

how to handle controversial

issues 6 while taking into account

prevailing circumstances and the

socialcultural environment.

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control.

c) SPA will recommend an

appropriate institutional

Framework lor effective

management and coordination

of HIV/AIDS programme activities.

b) It will enable the government to

play its leadership role in AIDS

prevention and control activities.

Challenges posed by AIDS call

for a multi-sectoral approach thus

bringing a diversity 01 actors

together. Their roles will be

harmonised within the framework

01 this SPA.

because issues related to sexuality are

taboo, private and intimate.

2.1 Economic Impact

AIDS has significant effects on

demographic composition 01the

population, and on social and economic

structures 01 the country. The disease has

negative effects on life expectancy, inlant

mortality, adult mortality, and dependency

ratios. At the micro level, AIDS brings

hardships to the family by reducing the

capacity to cam income. It adversely

affects health care expenditures as well as

the overall development 01 the country at

macro-economic level. Thus, AIDS has

adverse economic repercussions given its

negative impact on population trends,

labour productivity and overall social costs.

2.2. 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% 01 people infected are

in the age-group 15-49 years, effective

labour force lor the country is threatened.

The number 01 deaths arising from fix

blown AIDS remains a small proportion of

the HIV positive population but is growing

steadily. It is estimated that whereas

16,000 people died 01 the disease by 1989,

and 200,000 by 1995, the cumulative figure

is projected to increase to 1 million by the

year 2000.

The economic consequences of increasing

deaths particularly in the rural areas will be

the deprivation ol the agricultural sector

profits required labour force, noting that 74%

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 greater demand for health and

education services. More single parents

especially mothers and AIDS orphans win

raise the demand for social selVices.

Because it is the duty 01 the Government to

provide these social services, the

implications of this will be the diversion 01

investment 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 lor social services.

2.3 Costs to the economy

The direct and indirect costs ol treating

AIDS patients can be quantified. Direct

costs include the cost 01 drugs, laboratory

tests, radiology and hospital overhead

costs. Indirect costs involve the average

productive -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 lor 36 years. Combining

productive life-years lost with the age 01

those who develop AIDS, each new AIDS

case results in a total loss 0122 years 01

productive life. The average direct cost per

new AIDS case IS estimated to be Kshs.

34.680 assuming that 55 per cent 01 AIDS

patients receive hospital treatment plus an

estimated Indirect cost of Kshs. 538,560 in

lost wages. This gives the combined cost

ol AIDS to be Kshs. 573,240 These costs

are very high lor a young economy like that

of Kenya.

In order lor 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. Education programmes through

the clergy, politicians, provincial

administration and community leaders to

create awareness among Kenyans in order

to curb further spread of AIDS is a priority

2.4 Social and cultural challenges

Heterosexual relations are primarily

determined by psychological and

social-cultural factors. It IS important to

understand the dynamics underlying these

factors as they can facilitate and also

prevent *HIV* transmission. Sexual instinct is

triggered by both internal and external

influences. Psycho-sexual development

triggered by both internal and external

influences. Psycho-sexual development

and socialization 01 norms and values

within the family or community and the

inherent social organization are important

instruments in the regulation of sexual

behaviour. Control of sexual behaviour is

challenging because sex is a private

activity used by individuals and

communities to fulfil specific functions.

There is a fairly high degree 01 awareness

about AIDS among Kenyans. However,

this level of awareness has not been

matched by comparable behaviour change

mainly due to diverse social-cultural, and

personal factors which are inherent in

society and among people. Focus should

be made on specific cultural practices that

promote positive behaviour and discourage

negative practices. Efforts must be made

to promote socialcultural norms, values,

beliefs and enacted laws that centre

around marriage and procreation in order

to regulate heterosexual behaviour.

Consensus between religious teachings on

sexuality and the social-cultural practices

must be harmonized through education,

are expected to provide role models to'

enhance selective attachment with

individuals who have positive influence on

young people's psychosocial

development.

Peer influence plays a significant part in

determining the level 01 involvement In

risk practices. In a more traditional society

the group may have strong social beliefs

which are common to all members, and

this is reinforced through peer grouping.

Peer education lor groups with deviant

behaviour will be used to address

problems related to adult and adolescent

depression, social pressure, eariy sexual

exposure and experiences which may

lead to hi\)h risk behaviour like '

commercial sex, bisexuality and drug

abuse which in turn make an individual

vulnerable to HIV infection. The cultural

diversity that exists in Kenyan

communities negates uniformity in the'

application of mechanisms that would help

to regulate sexual behaviour.

Furthermore, the norms, values and

social-cultural identity are being eroded

by western influence. No new acceptable

social order has been created to replace

the old one. Therefore, community

counselling will be encouraged in order to

revisit customary law which guided

marriage, premarital and extramarital sex,

separation, divorce and remarriage as a

strategy to minimise e deviant sexual

behaviour.

2.5 Orphaned children

Orphans are a social burden. Those

infected have a double dilemma because

AIDS is a stigmatized disease. Social

attitude to orphans From single mothers is

even more negative because traditional

practice scorns such children thereby

denying them property rights. Advocacy

on the rights 01 such children will be

intensified. Communities will be

persuaded to take responsibility, as

practised in the traditional sense to care

and support these children including

those infected with HIV.

2.6 Cultural Issues

The diversity in social-cultural ideologies

constitute the diverse and peculiar

elements 01 sexual practices inherent in

Kenyan societies. Cultural beliefs anlj

practices were useful in maintaining

biological continuity, socialization 01

young people, maintaining 01 law and

order, defining the meaning of

producing and distributing goods and

services. These practices also provided

the capacity lor societies to cope with .

calamities such as draught and disease

outbreaks. With the advent 01 AIDS, $some

these beliefs and practices require

re-examination because they promote

behaviours which put individuals at *risk* 01

contracting or transmitting HIV. These$

include the different types 01

like polygamy. woman to woman

marriage. reunion. polyandrous,

hypodermic. leveret (widow Inherit;;.nee)

endogamous and exogamous

relationships. Non sexual cultural practices

and rites such as circumcision

piercing, ritual bathing ol the dead,

and tattooing, if done h

contaminated instruments could pose a

great danger to practitioners as well as to

their clients. Efforts will be made to

identify and document traditional norms.

beliefs and practices that may promote

*HIV* transmission,

Society will be made to understand the

relationship between these practice$ and

*HIV* transmission. Community involvement

hi identifying possible solutions will ~e

undertaken. Advocacy on virtues that

lessen the risk 01 Infection and promote

collective responsibility in the care

rehabilitation of the infected and the

affected will be intensified taking into

account that changes in cultural practice

take a very long time because they

deeply rooted in society The Government

recognizes the important role the

social-cultural factors play in transmission

and containment 01 HIV.

2.7 Legal and ethical challenges

The Government of Kenya has responded

to the problem 01 HIV and AIDS by

including a chapter on AIDS in the 7th

National Development Plan and the 5th

edition 01 District Development Plan and

has developed various manuals and

Policy Guidelines on the control and

management 01 HIV/AIDS. However, no

specific legal standards have been'

developed to address the problem.

Although there is no specific statute

dealing with AIDS In Kenya,

existing statutes have provisions

which are ol direct relevance to the

management o AIDS epidemic. Otf.er

legal positions can be inferred

expected customary law and cultural

practices. The issues emanating Ir(lm

these legal positions include

*Human rights:* All forms 01 discrimination

against people with AIDS will be outlawed

as enshrined in the Constitution. '

these legal positions include:

*Testing from HIV:* Testing lor HIV will be

voluntary with informed consent except

lor authorized research where the

protocol has been approved by the'

National AIDS Committee.

at risk of infection alter the individual

has been provided enough opportunity

to disclose his EW status to those

concerned.

*Medical ethics:* The existing ethical

practices will continue to be applicable

in the handling AIDS and HIV infection.

In the interest 01the public an people

diagnosed with HIV infection must be

informed ol their status and be

encouraged to take precaution for

themselves and those with whom they

are likely to get into sexual relations.

*Employer-employee rights:* The

employer does not have to know the

HIV status 01their employees without

the consent 01the employee.

*Research:* Co-ordination ol research is

currently being handled by different

departments of Government without

legal authority A legal body' with a .

clearly defined mandate Will be

established to co-ordinate

AIDS/HIV/STDs and related research.

*Religion and culture:* Because ol the

diversity of the Kenyan culture and

religion, written law and ethics will be

applied within the context 01 specific

communities. Research on these

issues will be undertaken to shed more

light on what is involved in each

community. Religious and cultural

practices and utterances which

undermine HIV/AIDS control measures

will be censured for public good.

*Criminal sane/ions:* Criminal sanctions

against people who deliberately and

irresponsibly infect others with *MV* will

be upheld.

*Children affected by AIDS:* Children

infected and affected by HIV/AIIDS will

be protected from exploitation and

discrimination using existing laws.

*Insurance:* The Government will work

closely with insurance companies to

establish guidelines pertaining to

policies and benefits for people affected

or infected with HIV.

Both medical and legal ethics provide a

basis lor the protection

rights 01 persons affected by HIV/AIDS.

Provisions governing medical ethics in

Kenya are found in the codes of

professional conduct and discipline.

The major ethical concerns relate to

training, confidentiality,

professional judgement and the

guarantee 0 safety ol health care

providers.

2.8 Religion and culture

Kenya consists of many religious

communities, and each 01thern has

certain rules and norms, which form

part ol the regulating mechanisms in

socially ethnic community has its

traditional customs and laws. Some

communities have common cultural

practices and these practices have

implications for the spread of I-HV

These norms are relevant to the social

behaviour related to the transmission

and spread 01 HIV/AIDS . Most

religions have a stand on the issues of

premarital and extramarital sex,

abortion, contraceptives and polygamy

In keeping With their beliefs. These ln

turn have a bearing on the

management of the HIV/AIDS

epidemic. Many ol the legal and ethical

provisions, and religious and cultural

positions reveal various social

dilemmas which need careful thought

and serious attention in any attempt to

resolve them in the formulation of

policies and the management and

control of HIV/AiDS.

2.9 Health care

The rapid increase in the number of

reported cases of AIDS and people

with H*IV* Infection presents a significant

challenge to the existing health care

system The potential to over-stretch

existing resources lor health care

delivery exists.

Provision 01 health care remains a big

challenge to the Government.

Shortage 0 drugs and patient care

supplies, inadequate diagnostic

capabilities at various levels including

blood screening equipment and their

maintenance. overcrowding in the

health facilities, irregular supply 01

testing reagents, and high turnover of

qualified health personnel making

continuity impossible are indications 01

serious strain on the health sector. HIV

has caused a major resurgence 01

Tuberculosis which presents a major

public health problem particularly wit

the emergence 01 drug resistant I

01 Tubercle bacilli. The cost 01

treatment Is too high. Drugs for

treatment of H*IV* infection co

average 700,000 Kenya S

person per year. Drugs I

management of

are also very expensive.