

Country Situation

Background Statistics

HIV prevalence - adults (ages 15-49) ^{[1]*}	6.3% [5.8%-6.5%]	2009
HIV prevalence - pregnant women (all ages) ^{[2]*}	5.6%	2009
Number of women living with HIV delivering ^[3]	86,700	2011
Est. # children (ages 0-14) living with HIV ^{[1]*}	180,000 [98,000-260,000]	2009
Maternal mortality ratio ^[4]	360/100,000	2010
Est. annual births ^[5]	1,529,000	2010
Infant mortality rate ^[6]	55/1,000	2010
Under-5 mortality rate ^[7]	80/1,000	2010

Adult HIV prevalence (ages 15-49) in Kenya, estimated at 6.3% in 2009, has declined from 8.4% in 2001. Between 2009 and 2010, the number of new HIV infections among children in Kenya has declined 43%—from 23,200 to 13,200^[3]. HIV prevalence among pregnant women was 5.6% in 2009, and in 2010, there were an estimated 87,000 pregnant women living with HIV in Kenya.

The majority (92.5%) of health facilities in Kenya offer PMTCT services^[8]. HIV testing among pregnant women increased from 31% in 2005 to 83% in 2010^[9], and 67% of pregnant women with HIV received efficacious ARVs for PMTCT in 2011^[3].

Kenya has adopted WHO Option A regimen for prophylaxis, and a Multi-Sectoral National AIDS Strategic Plan (2009/2010 – 2012/2013) is in place, of which PMTCT is a component^[10].

Reaching High Level Targets

Global 2015 Targets

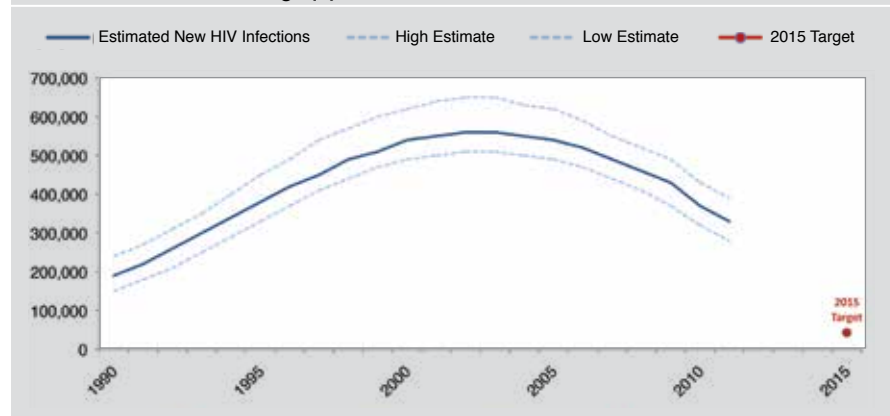
- Reduce the number of new HIV infections among children by 90%
- Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

Child Targets

- Reduce under-five deaths due to HIV by at least 50%
- Provide antiretroviral therapy for all children with HIV

Globally, an estimated 330,000 children were newly infected with HIV in 2011 – down 24% from the 430,000 new infections in 2009. New paediatric HIV infections rose consistently until peaking at 560,000 in 2002 and 2003. Despite the significant progress that has been achieved, much more progress is needed in order to achieve that Global Plan target of a 90% reduction in the number of new HIV infections in children by 2015.^[11]

Figure 1: Estimated number of new paediatric HIV infections globally (ages 0-14), 1990-2011, and 2015 target^[11]



Source: UNAIDS, unpublished HIV estimates, 2012

Global Plan Targets, Baseline and Current Status

	Indicators	2009 Baseline [or last available data]	2010	2011	2012	2013	2014	2015
Overall Targets	Number new paediatric HIV infections ^[3]	23,200	–	13,200	–	–	–	–
	Number HIV-associated maternal deaths ^[4]	3,400 (2005)	2,200	–	–	–	–	–
Child Targets	Percentage of under-5 deaths due to HIV	9% ^[12] (2008)	7% ^[4]	–	–	–	–	–
	ART coverage among children (ages 0-14) ^[3]	19%	–	31%	–	–	–	–
Prong One	HIV incidence in women (ages 15-49) ^[3]	0.58%	–	0.52%	–	–	–	–
Prong Two	Percentage of married women with unmet need for family planning (ages 15-49) ^[13]	26%	–	–	–	–	–	–
Prong Three	Mother-to-child transmission rate ^[3]	26%	–	15%	–	–	–	–
	Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine) ^[3]	34% ^a	–	67%	–	–	–	–
	Breastfeeding ARV Coverage ^[3]	16%	–	67%	–	–	–	–
Prong Four	ART coverage among HIV+ pregnant women in need of treatment ^[3]	42%	–	61%	–	–	–	–

PRONG 1 & 2 Primary prevention of HIV among women of childbearing age Preventing unintended pregnancies among women living with HIV

Global 2015 Targets

- Reduce HIV incidence in women (ages 15-49) by 50%
- Reduce unmet need for family planning among women to zero

Background Statistics

Young people (ages 15-24) HIV prevalence _[11] *	Female: 4.1% [3.0-5.4%]	2009
	Male: 1.8% [1.3-2.4%]	2009
Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months _[13]	Female: 37% _[11]	2008/2009
	Male: 67%	2008/2009
Male partners of pregnant women attending ANC tested in last 12 months _[14] *	Male: 4%	2010
Unintended pregnancies (ages 15-49) _[13]	Female: 43%	2008/2009

Key Points

Kenya has seen a very slight decline in HIV incidence in women (ages 15-49) between 2009 and 2011—from 0.58% to 0.52%_[3]. Among young people (ages 15-24), HIV prevalence is over twice as high among young females (4.1%) than males (1.8%). Contraceptive prevalence is low, with less than half of married women in Kenya (46%) using any method in 2008-2009, and the rate of unintended pregnancies was 43% in 2008-2009_[13].

PRONG 3 Preventing HIV transmission from a woman living with HIV to her infant

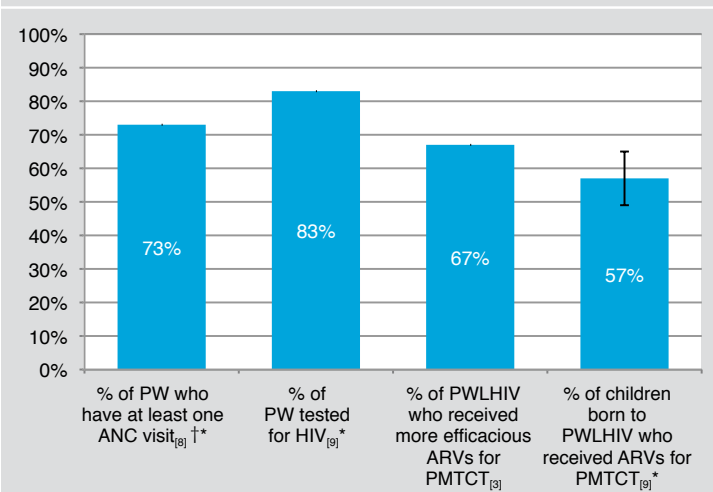
Global 2015 Targets

- Reduce overall mother-to-child transmission of HIV to <5%
- 90% of mothers receive perinatal ART or ARVs
- 90% of breastfeeding infant-mother pairs receive ART or ARVs

Background Statistics

Timing of 1 st ANC visit (months) _[13]	No ANC: 7%	2008/ 2009
	<4 months: 15%	
	4-5 months: 38%	
	6-7 months: 37%	
	8+ months: 3%	
	DK: <1%	
Percentage of women attending at least 4 ANC visits during pregnancy _[13]	Total: 47%	2008/ 2009
	Urban: 60%	
	Rural: 44%	
Percentage of pregnant women tested for HIV & received results in ANC, L&D, & post-partum (<72hrs) _[9] *	83%	2010
Estimated % of infants born to HIV+ women receiving ARVs for PMTCT _[9] *	57% [49%-65%]	2010
Skilled attendant at delivery (%) _[13]	44%	2008/ 2009
Exclusive breastfeeding for infants <6 months _[13]	32%	2008/ 2009

Figure 2: Coverage of selected PMTCT interventions (2010)



† Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under Background Statistics or elsewhere in this fact sheet.

Key Points

About three-quarters of pregnant women in Kenya (73%) attend at least one ANC visit and 47% attend at least four visits, as recommended by WHO. Less than half of pregnant women in Kenya (44%) deliver with a skilled birth attendant_[13] and the maternal mortality ratio is high (360/100,000)_[4]. In 2010, 83% of pregnant women were tested for HIV, 67% of HIV-positive pregnant women received more efficacious ARV regimens for PMTCT in 2011_[3], and 57% of the infants received ARVs for PMTCT.

PRONG 4 Providing appropriate treatment, care and support to women living with HIV and their children and families

Global 2015 Target

• 90% of HIV-positive pregnant women in need of ART for their own health are started on lifelong ART

Background Statistics

Percentage of HIV-infected pregnant women assessed with CD4 testing*	N/A	2010
Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth _[9] *	7% [6-8%]	2010
Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth _[9] *	64% [56-74%]	2010

Key Points

Coverage of early infant diagnosis is moderate in Kenya. In 2010, 64% of HIV-exposed infants received a virological test within two months of birth, but only 7% received co-trimoxazole prophylaxis—an antibiotic that significantly reduces morbidity and mortality. Paediatric ART coverage also remains low, at 31% in 2011, up from 19% in 2009. Among pregnant women with HIV who received ARVs in 2010, 33% still received single dose nevirapine, a regimen currently not recommended by WHO, and 27% received ART.

Figure 3: Percentage distribution of various regimens provided to HIV+ pregnant women to prevent mother-to-child transmission of HIV, 2010_[14]*

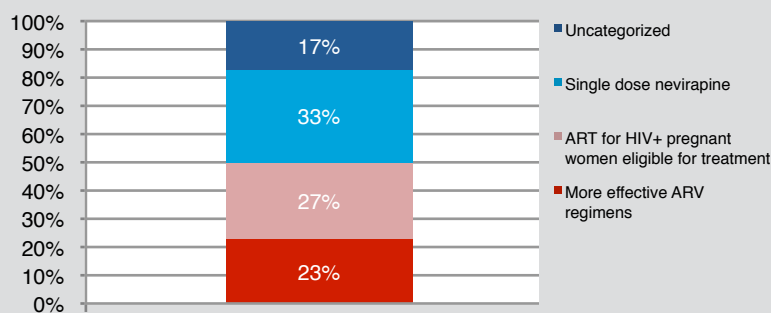
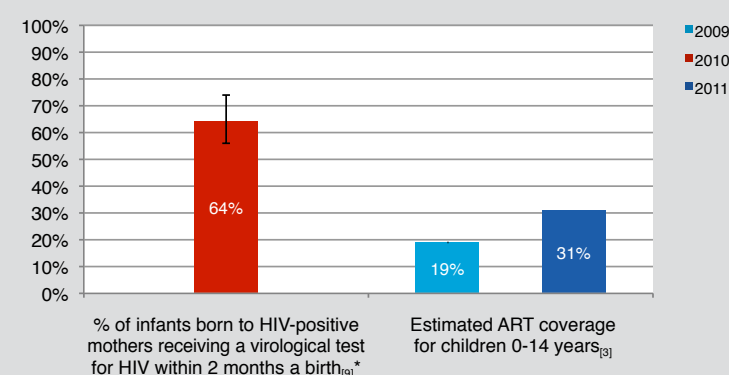


Figure 4: Percentage of infants born to HIV+ women tested for HIV at 2 months of birth (EID) & Percentage of children living with HIV receiving ART, 2009-2011



Key Challenges & The Bottom Line

Key Challenges

Low level of access to the 4 ANC visits and assisted delivery (47% ANC4+; 44% SBA). Inadequate organization of MNCH service delivery system with weak linkages between ANC, PMTCT, childbirth and ART resulting in high dropout across the maternal and child care continuum (73% ANC1+; 83% HIV T&C; 43% maternal ARVs; 64% EID; 31% paediatric ART)

Low programme performance in the area of family planning due to limited availability and low uptake of services

Two-thirds of HIV-exposed children receive virologic testing, but there is poor access to cotrimoxazole and low paediatric ART coverage

Weak national and subnational M&E systems hindering programme performance assessment and tracking of progress towards eMTCT targets

The Bottom Line

If national EMTCT targets for Kenya are to be met by 2015, the following actions should be considered:

To achieve high intervention coverage additional investments will be needed to strengthen the MNCH platform and for community engagement to create demand for services. Increase investments in building the capacity within MNCH services and communities (HR capacity building; equipment for MNCH and PMTCT; linkages/referrals mechanisms within/between facilities and with communities) for the provision of quality antenatal and postnatal follow up care

Increase availability of essential commodities and scale up facility and community level service promotion and provision of family planning services

Improve access to both cotrimoxazole prophylaxis and ART and to improve child outcomes

Strengthen monitoring systems at national and subnational levels to improve data collection, analysis and use, including reporting on Global Plan indicators

References:

- 1 Joint United Nations Programme on HIV/AIDS, *Report on the Global AIDS Epidemic*, 2010
- 2 Joint United Nations Programme on HIV/AIDS, unpublished estimates, 2010
- 3 Joint United Nations Programme on HIV/AIDS, *Together We Will End AIDS*, 2012
- 4 World Health Organization, United Nations Children's Fund, United Nations Population Fund and the World Bank, *Trends in Maternal Mortality: 1990-2010*, Estimates developed by WHO, UNICEF, UNFPA and the World Bank, 2012
- 5 United Nations Children's Fund, *State of the World's Children 2012: Children in an Urban World, 2012*
- 6 United Nations Children's Fund, World Health Organization, the World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2011*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, 2011
- 7 Liu L, Johnson HL, Cousens S, et al, for the Child Health Epidemiology Reference Group of WHO and UNICEF. *Global, regional, and national causes of child mortality: an updated systematic analysis for 2010 with time trends since 2000*. Lancet 2012
- 8 WHO/UNICEF/UNAIDS, calculated from Universal Access country reported unpublished data, 2011
- 9 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2011*
- 10 Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Global Plan Towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive 2011-2015*, 2011
- 11 Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010
- 12 UN Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, World Health Organization, The World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2010*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, UNICEF, WHO, The World Bank, United Nations DESA/Population Division, 2010
- 13 Kenya Demographic and Health Survey 2008-2009, Final Report
- 14 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector*. unpublished estimates, 2011

Notes:

- * Please note that the corresponding country data for this indicator have not been revised and, therefore, refer to what was published in the ***Global HIV/AIDS Response – Epidemic Update and Health Sector Progress Towards Universal Access, Progress Report 2011***. Revised country data for this indicator will be published towards the end of 2012.
- Data not available.
- † Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under *Background Statistics* or elsewhere in this fact sheet.
- ^a 2009 data are not directly comparable to later years. Definition changed in 2010 to exclude single-dose nevirapine.

Acronyms:

- ANC: Antenatal care
- ART: Antiretroviral therapy
- ARVs: Antiretroviral prophylaxis
- CTX: Co-trimoxazole prophylaxis
- EID: Early infant diagnosis
- EMTCT: Elimination of mother-to-child transmission of HIV
- FP: Family planning
- L&D: Labour and delivery
- MMR: Maternal mortality ratio
- MNCH: Maternal, newborn and child health
- PMTCT: Prevention of mother-to-child transmission of HIV
- PWLHIV: Pregnant women living with HIV
- SRH: Sexual and reproductive health
- WHO: World Health Organization