

GLOBAL PERSPECTIVE OF HIV AND AIDS

By Anne Baraza

Introduction

The world wide spread of HIV and AIDS has shown that it cannot just be regarded as merely a health issue. HIV has direct and costly effects on individuals, families and the national/regional economies. Over 40 million people worldwide are currently infected with HIV. New people are being infected every day. The magnitude of the loss of lives through AIDS represents only one aspect of the pandemic. It has the potential to undermine the social and economic fabric of the affected households and communities.

HIV and AIDS are more complex and challenging conditions affecting human beings of all sexes, ages across all socioeconomic divides worldwide. Poverty, hunger, stigma and silence about HIV and AIDS are devastating as the pandemic itself.

According to the UN report India, China and Pakistan are among the ten countries that account for more than 95% of all new infections in the Asia and Pacific region in 2016. Eastern and Southern Africa, which account for more than half of all people living with HIV, are leading the way. Since 2010, AIDS-related deaths have declined by 42% and new infections by 29%, including a 56% drop in new infections among children which is a remarkable achievement of HIV treatment and preventive efforts. In contrast progress against the targets has been poor in the Middle East, North Africa, Eastern Europe and Central Asia where AIDS related deaths have risen.

The UN report also shows that globally, 30% of people living with HIV still do not know their status and 17.1 million are unable to access ART and more than half are not virally suppressed.

HIV and AIDS in Kenya

KEY POINTS:

- Kenya has the joint fourth largest epidemic in the world, alongside Mozambique and Uganda.
- Kenya's HIV epidemic affects most of its general population, but groups of men who have sex with men, women, sex workers and people who inject drugs are still more vulnerable to infection.
- In recent decades Kenya has been a huge prevention success story in the region. It was one of the first to approve the use of PrEP and has led the way in providing VMMC. As a result, new infections have fallen dramatically in recent years.
- In 2016, 64% of people living with HIV in Kenya were accessing treatment. However, treatment coverage among adolescents is much lower at approximately 24%.
- Although awareness of HIV and AIDS is high in Kenya, many people living with HIV face high levels of stigma and discrimination which prevent people accessing HIV services.

Kenya has the joint fourth-largest HIV epidemic in the world (alongside Mozambique and Uganda) with 1.6 million people living with HIV in 2016.

HIV prevalence is about 5.9%

Groups most affected by HIV in Kenya

Sex workers and HIV in Kenya

[Sex workers](#) have the highest reported HIV prevalence of any group in Kenya. The most recent data from 2011 estimates 29.3% of female sex workers are living with HIV. Similarly, a 2015 study of female sex workers in Nairobi found that around one-third were living with HIV.

Men who have sex with men (MSM)

HIV prevalence among [men who have sex with men](#) (sometimes referred to as MSM) in Kenya is almost three times that among the general population.

People who inject drugs (PWID)

The majority of people who inject drugs are concentrated in specific geographical areas such as Nairobi and Mombasa. This is a population that needs a lot of intervention because they share needles and don't bother testing their HIV status.

Young people and HIV in Kenya

More than half (51%) of all new HIV infections in Kenya in 2015 occurred among adolescents and young people (aged 15-24 years). Young women are almost twice as likely to acquire HIV as their male counterparts, and accounted for 33% of the total number of new infections. A number of factors contribute to the increasing rate of HIV infection among young people including incorrect perception of HIV risk; and having unprotected sexual intercourse under influence of alcohol or drugs. Forced sex and sexual violence also increase young people's vulnerability to HIV. This particularly affects young Kenyan women who are three times more likely to be exposed to sexual violence than young Kenyan men.

Women and HIV in Kenya

As in many parts of sub-Saharan Africa, women in Kenya face discrimination in terms of access to education, employment and healthcare. As a result, men often dominate sexual relationships, with women not always able to practice safer sex even when they know the risks.

2. Multiple partners among the Kenyan men is a stumbling block in reducing rate of infection among couples.

3. Family planning has not been fully embraced by most men and some women.

Case Study: Riruta United Women Empowerment Programme (RUWEPO)

1. Condoms are distributed in the slums.
2. HIV education and awareness in our community is vital, many perish due to lack of knowledge
3. Preventing of mother to child transmission (PMTCT)
4. Voluntary medical male circumcision (VMMC)
5. Care and Support of 188 Orphans and Vulnerable children at Children of Africa Hope Mission
6. Antiretroviral treatment (ART)
7. Pre-exposure prophylaxis (PrEp) and PEP
8. Harm reduction awareness programs for drugs injection persons
9. Counseling (HTC)
10. Tuberculosis and HIV co-infection awareness outreach

Barriers to HIV response

1. HIV stigma and discrimination
2. Legal and structural barriers e.g. Homosexuality and sex work are illegal in Kenya
3. Funding challenges
4. Religious and cultural taboos
5. Poverty and hunger

Way Forward

1. AIDS prevention mainly focused on women and young people
2. Church and faith-based organizations to step up their energy in AIDS projects through resource mobilization and implementation
3. Governments should allocate more resources towards AIDS programs, research and awareness conferences.
4. The youth should be focused on for majority engage in careless sex without protection.

By Anne Baraza

www.ruwepo.org

email: ruwepo2008@yahoo.com

