

Kenya: PMTCT



UNITE FOR CHILDREN
UNITE AGAINST AIDS

Statistics, 2010

Estimated # of children (0-14) living with HIV	180,000 [98,000-260,000] (2009)[11]
Population	39,802,000 (2008)[19]
Annual births	1,530,000 (2008)[19]
Neonatal mortality rate	34/1,000 (2004)[9]
Infant mortality rate	55/1,000 (2008)[10]
Maternal mortality ratio	530/100,000 (2008)[18]
Adult (15-49) HIV prevalence	6.3% [5.8%-6.5%] (2009)[11]
HIV prevalence young people (15-24)	female: 4.1% [3.0% - 5.4%] male: 1.8% [1.3% - 2.4%] (2009)[11]
Estimated # of pregnant women living with HIV	81,000 [41,000 - 120,000] (2009)[14]
Exclusive breast-feeding for infants <6 months	32% (2008-2009)[12]
Comprehensive-knowledge about HIV (15-24 yrs)	female: 48% male: 55% (2008-2009)[12]
Condom use at last higher-risk sex (15-24)	female: 40% male: 64% (2008-2009)[12]
Unmet need for family planning:	26% (2008-2009)[12]
% ANC facilities that provide testing and ARVs for PMTCT	58% (2008)[14]
Timing of first ANC visit (months)	No ANC: 7% <4 months: 15% 4-5 months: 38% 6-7 months: 37% 8+ months: 3% DK: <1% (2008-2009)[12]
% of women attending at least 4 ANC visits during pregnancy	overall: 47% urban: 60% rural: 44% (2008-2009)[12]

National Targets by 2013 [1]

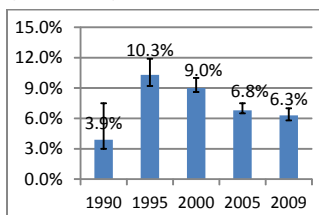
- 50% fewer new infections
- ≤1% of males and 3% of females (15-24) are living with HIV
- 80% of HIV-positive pregnant women receive ARVs for PMTCT
- ≤ 8% of HIV-exposed infants get infected

Strategic Focus of National Plan [1]

- Roll out MTCT-free zones with intensified programmes;
- Mainstream HIV in key sectors, especially health;
- Deliver targeted, community-based programmes;
- Better coordinate partners within the national framework of the HIV and AIDS response;
- Intensify couples-based and overall prevention programmes;
- Saturate coverage among sex workers, injecting drug users, males who have sex with males and prison populations; and
- Increase and sustain proportion of eligible people living with HIV receiving care and treatment.

HIV infections in adults appear to be declining; regional variation is high

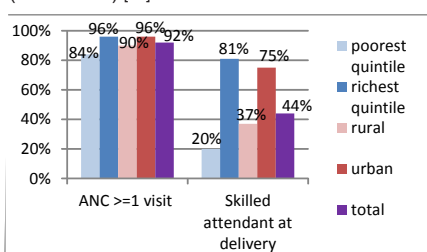
Adult HIV (15-49) prevalence (%) (1995-2009) [11]



Adult HIV prevalence is estimated to be around 6.3% in 2009. Young women between the ages of 15 and 24 are more than twice as likely as young men to be living with HIV (4.1% as compared to 1.8%). [17] Levels of infection among individuals in unions are high: 45% of married HIV-positive persons have a partner who is HIV-negative. [7] There is extreme regional variation, with a prevalence of 0.9% in North Eastern province and 13.9% in Nyanza province. [6]

Most women receive the attention of skilled medical professionals during pregnancy; few poor and rural women do during delivery

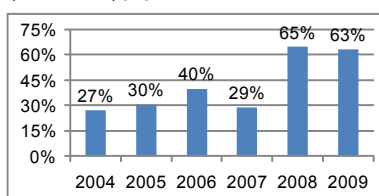
Percentage of pregnant women attended at least once during pregnancy & % of births attended by skilled health personnel (2008-2009) [12]



Antenatal care (ANC) utilization is high overall (92%), though >75% of women access ANC after the 3rd month (or after the point of optimal PMTCT regimen initiation). [12] Access to skilled attendants at delivery is moderate (44%), with pronounced disparities in access between the poorest (20%) and wealthiest fifth (81%) of women.

More women are testing for HIV

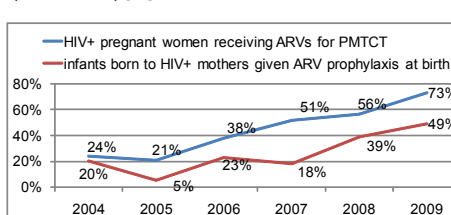
Trends in the percentage of pregnant women tested for HIV (2004-2009) [14]



Approximately 63% of pregnant women were tested for HIV in 2009. There is also only a moderate rate of testing availability: 58% of ANC sites offer HIV-testing services.

Strong progress is being made in reaching more mothers and babies with PMTCT services, though too many babies are getting lost along the continuum of care

Trends in percentage of HIV+ pregnant women and HIV-exposed infants receiving ARVs for PMTCT (2004-2009) [14]



73% of pregnant women living with HIV were reached with ARVs for PMTCT in 2009; this stands in stark contrast to the approximately 49% of HIV-exposed infants that were reached with ARVs for PMTCT.

Latest data suggests that 33% of women receiving PMTCT regimens receive nevirapine only, while the others receive combination prophylaxis or ART. [6]

With continued efforts to reach women with PMTCT services, and renewed commitment to addressing loss to follow-up of children, Kenya can meet its national targets for PMTCT.

POLICY ENVIRONMENT

- Multi-sectoral strategy in place (2009/2010 - 2012/2013)
- WHO option A adopted [8]

BUDGET ENVIRONMENT

- Global Funds (GFATM) recipient: R 1, 2 & 7 [5];
- Limited re-programming of GFATM R7 phase 2 funds pending [16]
- PEPFAR Program Country & Plus Up funds recipient [1]
- TOWA Project recipient [2]
- Domestic Health Financing
 - Govt expenditure on health, as per cent of total govt spending: 7.8% [3]
 - Total Health Financing: Out of pocket: 41%; Public: 33%; Aid: 15%; Private: 10% [4]

THE BOTTOM LINE

If national targets for PMTCT are to be met by 2013:

- ✓ **preventing new infections** among couples and **improving access to family planning services** among women living with HIV is essential.
- ✓ **improving equitable access** to skilled attendants at delivery is essential; high out of pocket spending on health must be addressed. Government spending on health is below Abuja Declaration Commitments of 15%.
- ✓ **increasing accessibility of PMTCT services** within ANC must be prioritized. The high reach of ANC services is an opportunity to reach HIV-positive pregnant women that should not be missed.
- ✓ **improving quality and continuity of timely care** for the mother and the child, including for the woman's own health, is essential.

References



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