



# KENYA

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL IN  
SELECTED AFRICAN NATIONS AND  
BEYOND

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

Kenya's population is estimated to be 37 million people, with an average life expectancy of 55 years. English and Kiswahili are the official languages of Kenya, which has an estimated literacy rate of 85%. The regional hub for trade and finance in East Africa, Kenya has been hampered by corruption and by reliance on several primary goods whose prices have remained low. In 2003, progress was made in rooting out corruption and encouraging donor support, with the gross domestic product (GDP) growing more than 5% in 2005. The GDP per capita is \$1,600, with 50% of Kenyans living below the poverty level.

There are over 40 indigenous tribes or ethnic groups with different religious and social customs including polygamy and wife inheritance. There are only 10 cities of over 100,000 people and more than one-third of the urban population is accounted for by the Nairobi metropolitan area. Only about 18% of the population lives in urban centers. The vast majority of Kenyans are small-scale farmers living in smaller towns and villages. This (and the resultant GDP per capita) limits access to health care.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in Kenya's general population is estimated at 6.1%. Kenya has approximately 1.3 million individuals living with HIV/AIDS. The primary identified risk factor in the population is unprotected heterosexual contact. Girls and young women are particularly vulnerable to infection. Women aged 15–24 years are more than twice as likely to be infected as men of this age range. HIV rates vary significantly throughout the country. Nyanza province in western Kenya may have some of the highest rates: 11%-7%, depending on data source.

### **Military Statistics**

The Kenyan Ministry of Defense, sometimes called the Kenya Department of Defense (KDOD), is approximately 35,000 personnel. Kenya allocates 2.8% of the GDP for military expenditures. No seroprevalence study has been done for the KDOD, so their rate of 5.9% is simply an estimate.

### **PROGRAM RESPONSE**

#### **In-Country Ongoing Assistance**

The Walter Reed Army US Institute of Research (WRAIR) Army Medical Research Unit – Kenya (USMARU-K) is a fully staffed overseas laboratory and under the US Embassy in Nairobi. The USAMRU-K's primary lab and administrative hub, are located at the Kenya Medical Research Institute (KEMRI) in Nairobi but also has field labs established in collaboration with KEMRI in Kericho and Kisumu. USAMRU-K is commanded by an active-duty US Army Colonel and staffed by 11 active duty military, one Department of Army civilian, and 305 contracted employees. Of this staff, 2 of the active-duty military (1 program manager and 1 lab manager) and 18 contracted personnel provide direct oversight, and in-country technical assistance to the President's Emergency Plan for AIDS Relief (PEPFAR) Kenya and, more specifically, the KDOD. USAMRU-K also works closely with the Kenya US Liaison Office (KUSLO). KUSLO is the US military liaison office to the government of Kenya and is a US DoD Central Command field office that coordinates US Security Assistance programs and US DoD Central Command contingency operations and training exercises in Kenya. Though not involved in the day-to-day management of the PEPFAR program, the KUSLO assists coordinating higher-level meetings with the KMOD, ensuring goals and objectives of the Combatant Command are met.

USAMRU-K activities for PEPFAR are supported by US-based staff at WRAIR HQ and their U.S. Military HIV Research Program (USMHRP) in both technical and administrative areas. Additional technical support is provided by USMHRP staff located in Thailand and DHAPP staff members working in collaboration with USMHRP. USMHRP staff participated in the President's Emergency Plan

for AIDS Relief Kenya Country Team and provided technical assistance for Country Operational Planning for FY08.

## OUTCOMES & IMPACTS

### **Prevention**

During FY07, the KDOD continued to provide results across all areas in prevention, care, and treatment of HIV. Through community outreach efforts, a total of 103,408 military personnel and their families were reached with prevention messages that focused primarily on abstinence and being faithful (82,121 men; 21,287 women). A total of 22,860 troops and families received abstinence-only messages mainly through faith-based organizations and seminars aimed at the youth in the military population. Seventy-seven (77) individuals were trained in the provision of those messages. In addition, 23,823 military members and their families were reached with comprehensive prevention messages. Condom services were provided through 440 dispensing points (mess toilets, hospitals waiting rooms, clinics, bars). Thirty-seven (37) individuals were trained in the provision of comprehensive prevention messages.

During FY07, 836 women were provided with prevention of mother-to-child transmission (PMTCT) services at 14 PMTCT sites. These services included counseling, HIV testing, and results. Of the women tested under PMTCT setting, 103 were provided with a complete course of antiretroviral prophylaxis.



## Care

One (1) service outlet provided HIV-related palliative care to military members and their families. During the year, 483 KDOD members were provided with HIV-related palliative care (247 men; 236 women). These numbers included 234 troops and family members receiving treatment for tuberculosis.

Twenty (20) Counseling and Testing (CT) centers provided HIV testing for KDOD personnel. During FY07, a total of 4,788 troops and family members were tested for HIV and received their results (3,505 men; 1,283 women). Eleven (11) military health care workers were trained in the provision of CT.

Services were provided to 1,176 military orphans and vulnerable children by the KDOD.

## Treatment

During FY07, one outlet provided antiretroviral therapy (ART) services to KDOD personnel and their families. Two hundred thirty (230) service members or dependents were newly started on ART during the reporting period. At the end of the reporting period, 1,098 military members or families were considered current clients receiving ART. Twenty-nine (29) military health workers were trained in the provision of ART. One KDOD laboratory had the capacity to perform HIV tests and CD4 and/or lymphocyte testing, and 5 laboratory workers were trained.

## Proposed Future Activities

Ongoing successful KDOD and partner programming was expanded to include additional aspects of comprehensive prevention, care, and treatment for military members and their families. All proposed activities were submitted to the Kenyan Country Team and were included in the FY08 COP.

After a full program review in February 2008, the program has been restructured and is now directed by an active-duty physician with HIV experience in Kenya. The focus will shift to back to care within the military programs, and the outreach programs with civilian communities will be transitioned to other PEPFAR partners. Mobile CT services will be used to ensure testing reaches

every troop—even those deployed. Mobile training teams will be used to ensure education reaches every troop—even those deployed. PMTCT services for military spouses away from military facilities (the majority) will be coordinated through local PMTCT centers where they are living.

