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FOREWORD

AIDS is a major public health problem with negative impact on development. This scourge has continued unabated claiming millions of lives of people world-wide. The World Health Organisation predictions indicate an upward trend in both the number of AIDS cases and healthy looking HIV carriers. This is a sad reminder that the pandemic is here to stay, and its effects will be felt in all aspects of human endeavour, and for a long time to come.

The AIDS situation in Kenya, like in many other countries, has progressed from one case in 1984 to 200,000 cases by the end of 1996. The number of persons in Kenya infected with AIDS virus is currently estimated to be 1.2 million and is expected to reach 1.7 million in the next four years causing severe repercussions, including much suffering and death. HIV prevention activities must be intensified in order to reduce the number of people getting newly infected and to reduce the impact of this scourge on the people of Kenya. To ensure the protection of all citizens from this dreadful scourge, it became necessary to develop this Sessional Paper on AIDS which provides guidance to all organisations and institutions involved in AIDS work in Kenya. The need for a policy framework was foreseen as a prerequisite to effective leadership in efforts to combat this epidemic. The main objective of the Sessional Paper on AIDS is to state Government Policy on AIDS. It therefore provides broad guidelines on how best to address critical issues on AIDS in Kenya over the next 15 years and beyond.

The preparation of this Sessional Paper has drawn expertise from individual specialists in different areas. To gain consensus, their thematic recommendations were presented to a broad cross section of public leaders and the general public at a series of nation-wide workshops. The deliberations of these workshops have formed the basis of this Sessional Paper.

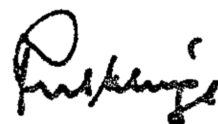
Nine sub-committees responsible for its final drafting deliberated upon issues concerning epidemiology, demography, health care, economic, psychological, social, cultural and legal aspects of AIDS, and its impact on men, women, youth and children. Where required, further research,

literature reviews and discussions with experts have helped to bridge the gaps where divergent views have emerged.

The Sessional Paper therefore represents a commonwealth of experience from individuals technical experts, opinion leaders and the general public. It outlines the strategies, interventions and appropriate organisational structure required for effective implementation of programme activities, and identifies those policy issues that need to be tackled to facilitate operations of the strategic plan. With this tool, the Government is now better placed to fulfil its obligations by showing the many actors the way forward.

The Sessional Paper on AIDS is divided into five chapters. The first chapter describes the magnitude of the AIDS problem, Government response, major achievements, constraints and the objectives of the Sessional Paper on AIDS. The second chapter describes some of the major challenges posed by AIDS to the country's social and economic development. The third chapter on strategies and interventions provides direction to all implementing agencies on priority areas for programme development. Chapter four provides policy guidance on fundamental issues in AIDS control and prevention including the mitigation of social and economic impact. A description of appropriate institutional arrangements for implementation of a multi-sectoral AIDS control programme in Kenya is described in chapter five.

On behalf of the Ministry of Health, I thank all individuals, groups and organisations whose valuable input contributed to the writing of this Sessional Paper on AIDS.



Hon. Gen (Rtd.) Jackson K. Mulinge, EGH, MP.
MINISTER FOR HEALTH, JUNE 1997

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LIST OF ABBREVIATIONS

AIDS	-	Acquired Immune Deficiency Syndrome
APS	-	AIDS Programme Secretariat
BTS	-	Blood Transfusion Services
CBO	-	Community Based Organisations
DDC	-	District Development Committee
GDP	-	Gross Domestic Product
GOK	-	Government of Kenya
HIV	-	Human Immunodeficiency Virus
IEC	-	Information, Education and Communication
MTP	-	Medium Term Plan
MOH	-	Ministry of Health
NATC	-	National AIDS Committee
NAC	-	National AIDS Council
NASCOP	-	National AIDS/STDs Control Programme
NBTS	-	National Blood Transfusion Services
NGOs	-	Non-Government Organisations
SPA	-	Sessional Paper on AIDS
UNHCR	-	United Nations High Commission for Refugees
WHO	-	World Health Organisation

CHAPTER 1

STATEMENT OF THE PROBLEM

The Ministry of Health estimates that *200,000 Kenyans died of AIDS* between 1984 and 1995. If AIDS prevention and control measures are not pursed more aggressively and Kenyans change their sexual behaviour in order to reduce the number of new infections, up to one million men, women and children may die of 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 of the existence of a large pool of people with HIV infection. It is projected that the number of deaths due to AIDS among people aged 15-39 years in Kenya during the period 1995-2000 may be three times the number of 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 of qualified and productive labour force, restricting the tax base, and raising the demand for 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 of a *multi-sectoral AIDS prevention and control strategy* with priority focus 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 of 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 of 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.

It is projected that by the year 2000, the cumulative number of people infected will be 30-40 million. Ninety percent of these people will be in developing countries. Analysis of HIV infections by geographic distribution reveals that the highest concentration of the epidemic is in 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 for the rapid spread of AIDS in Africa are not clearly understood. However, ignorance, poverty, high incidence of 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 HIV 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 of 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 of the high HIV infection rates among young women. This mode of transmission together with exposure to infected blood accounts for about 10-20% of AIDS cases in Kenya.

Exposure to infected blood occurs through transfusion of blood and blood products, injections, traditional surgical practices, and skin-piercing where instruments are shared.

1.1 Government response to AIDS

When the first case of AIDS was recognised in Kenya, the Government responded by taking the following measures:

a) Establishment of National AIDS Committee and the development of strategic plans

The National AIDS Committee 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 of 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 of a five 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 of sexual transmission, prevention of transmission through blood, prevention of 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 all 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 infected with HIV, their families and community; the need to reduce the social and economic consequences of HIV/AIDS and the strengthening of 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 in the Seventh National Development Plan and the Fifth 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 of STD 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 AIDS control activities during the first half of 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 for 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 of 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 undertaken in Kenya since HIV was first recognised has identified the following areas of major achievements:

a) High Level of awareness attained

National Survey in 1993 revealed that 90% of men and women (15-49 years), were aware of sexual transmission of AIDS

irrespective of urban-rural residence, level of education or province of residence. However, misconceptions about the modes of transmission of HIV, particularly mosquito bites and kissing, were very high (50% of respondents). There is still need to intensify AIDS awareness particularly among young people and people living in rural areas.

b) Safe blood transfusion

Infrastructure for screening of blood for HIV has been established. This includes the availability of HIV blood screening facilities in most district, provincial, mission and private hospitals, supply of HIV testing reagents, maintenance of HIV screening machines, training of laboratory personnel and education of blood donors. This has ensured that 98% of blood for transfusion is screened for HIV in Kenya. However, the maintenance of this infrastructure to make it responsive to the rapidly changing technology in HIV screening has put considerable strain on the National AIDS Programme due to resource limitations. *Kenya Pounds 10 million is required every 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 of AIDS, human rights and development.

d) HIV Surveillance

Surveillance systems for monitoring the trend of HIV epidemic and AIDS cases is established. Kenya is one of the few countries in the World with an effective HIV sentinel surveillance, AIDS case surveillance programme and reliable epidemiological database on AIDS. District capacity to implement HIV prevention has been realised through the establishment of District Inter-sectoral AIDS

co-ordinating Committees which bring together representatives of 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 Officers for AIDS control.

e) *NGOs participation*

Many NGOs and Community Based Organisations are involved in HIV prevention and care activities. A consortium of NGOs working in HIV prevention and care exists.

1.3 Major Constraints

The major constraints that plague AIDS control in Kenya include the slow pace of change of sexual behaviour, resource limitations, poverty, harsh effects of structural adjustment programmes on the vulnerable groups particularly widows and orphans, rapid increase in the number of people developing AIDS and needing medical care and social support, overburdened NASCOP, and lack of a clear policy framework to guide implementing agencies.

Although remarkable efforts have been made in Kenya to control the spread of HIV and to reduce the impact of 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 of orphaned children and widows has emerged.

Objectives of Sessional Paper on AIDS

The aim of the Sessional Paper on AIDS is to provide a *policy framework* within which AIDS prevention and control efforts will be undertaken for the next 15 years and beyond. Specifically:

a) The SPA will give direction on how to handle controversial issues

while taking into account prevailing circumstances and the social-cultural environment.

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 of actors together. Their roles will be harmonised within the framework of this SPA.

c) SPA will recommend an appropriate institutional framework for effective management and co-ordination of HIV/AIDS programme activities.

CHAPTER 2

AIDS CHALLENGES

AIDS is a major development and health problem. If affects socio-economic and cultural aspects of life. It destroys young members of the population who are economically productive thus disrupting development. Behaviour change which is critical for effective prevention and control measures takes a long time to be realized because issues related to sexuality are taboo, private and intimate.

2.1 Economic impact

AIDS has significant effects on demographic composition of the population, and on social and economic structures of the country. The disease has negative effects on life expectancy, infant mortality, adult mortality, and dependency ratios. At the micro level, AIDS brings hardships to the family by reducing the capacity to earn income. It adversely affects health care expenditures as well as the overall development of 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% of people infected are in the age-group 15-49 years, effective labour force for the country is threatened. The number of deaths arising from full blown AIDS remains a small proportion of the HIV positive population but is growing steadily. It is estimated that whereas 16,000 people died of 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 of the agricultural sector of its 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 will raise the demand for social services. Because it is the duty of the Government to provide these social services, the implications of this will be the diversion of 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 for social services.

2.3 Costs to the economy

The direct and indirect costs of treating AIDS patients can be quantified. Direct costs include the cost of drugs, laboratory tests, radiology and hospital overhead costs. Indirect costs involve the average productive life-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 for 36 years. Combining productive life-years lost with the age of those who develop AIDS, each new AIDS case results in a total loss of 22 years of productive life. The average direct cost per new AIDS case is estimated to be Kshs. 34,680 assuming that 55 per cent of AIDS patients receive hospital treatment plus an estimated indirect cost of Kshs. 538,560 in lost wages. This gives the combined cost of AIDS to be Kshs. 573,240. These costs are very high for a young economy like that of Kenya.

In order for 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 and socialization of 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 very challenging because sex is a private activity used by individuals and communities to fulfil specific functions.

There is a fairly high degree of 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 social-cultural 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, advocacy, counselling, persuasion and enforcement of both customary and written law. Implantation of approved norms, beliefs and values of society in relation to future sexual behaviour should start at home and be reinforced in educational institutions and in the society as a whole to lay the foundation on which future social behaviour and relationships are based. Parents, teachers and leaders in society are expected to provide role models to enhance selective attachment with individuals who have positive influence on young people's psycho-social development.

Peer influence plays a significant part in determining the level of 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 for groups with deviant behaviour will be used to address problems related to adult and adolescent depression, social pressure, early sexual exposure and experiences which may lead to high 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 minimize 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 of 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 of sexual practices inherent in Kenyan societies. Cultural beliefs and practices were useful in maintaining biological continuity, socialization of young people, maintaining of law and order, defining the meaning of life, and producing and distributing goods and services. These practices also provided the capacity for societies to cope with calamities such as draught and disease outbreaks. With the advent of AIDS, some of these beliefs and practices require re-examination because they promote behaviours which put individuals at risk of contracting or transmitting HIV. These include the different types of marital union like polygamy, woman to woman marriage, reunion, polyandrous, hypodermic, leveretic (widow inheritance) endogamous and exogamous relationships. Non-sexual cultural practices and rites such as circumcision, ear piercing, ritual bathing of the dead, scarification and tattooing, if done with 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 practices and HIV transmission. Community involvement in identifying possible solutions will be undertaken. Advocacy on virtues that lessen the risk of infection and promote collective responsibility in the care and 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 are deeply rooted in society. The Government recognizes the important role the social-cultural factors play in transmission and containment of HIV.

2.7 Legal and ethical challenges

The Government of Kenya has responded to the problem of HIV and AIDS by including a chapter on AIDS in the 7th National Development Plan and the 5th edition of District Development Plan and has developed various manuals and policy Guidelines on the control and management of HIV/AIDS. However, no specific legal standards have been developed to address the problem.

Although there is no specific statute dealing with HIV/AIDS in Kenya, some of the existing statutes have provisions which are of direct relevance to the management of AIDS epidemic. Other legal positions can be inferred and/or expected from customary law and cultural practices. The issues emanating from these legal positions include:-

Human rights: All forms of discrimination against people with AIDS will be outlawed as enshrined in the Constitution.

Testing from HIV: Testing for HIV will be voluntary with informed consent except for authorized research where the protocol has been approved by the National AIDS Committee.

Confidentiality: This must be maintained in line with existing professional medical ethics. However, health care providers are allowed to disclose the HIV status of their patients to persons considered to be at risk of infection after the individual has been provided enough opportunity to disclose his HIV 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 of the public all people diagnosed with HIV infection must be informed of 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 of their employees without the consent of the employee.

Research: Co-ordination of 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 of the diversity of the Kenyan culture and religion, written law and ethics will be applied within the context of 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 sanctions: Criminal sanctions against people who deliberately and irresponsibly infect others with HIV will be upheld.

Children affected by AIDS: Children infected and affected by HIV/AIDS 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 for the protection of some of the rights of 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 of safety of health care providers.

2.8 Religion and culture

Kenya consists of many religious communities, and each of them has certain rules and norms, which form part of the regulating mechanisms in society. Each ethnic community has its traditional customs and laws. Some communities have common cultural practices and these practices have implications for the spread of HIV. These norms are relevant to the social behaviour related to the transmission and spread of 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 in turn have a bearing on the management of the HIV/AIDS epidemic. Many of 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 HIV infection presents a significant challenge to the existing health care system. The potential to over-stretch existing resources for health care delivery exists.

Provision of health care remains a big challenge to the Government. Shortage of 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 of testing reagents, and high turnover of qualified health personnel making continuity impossible are indications of serious strain on the health sector. HIV has caused a major resurgence of Tuberculosis which presents a major public health problem particularly with the emergence of drug resistant forms of *Tubercle bacilli*. The cost of treatment is too high. Drugs for treatment of HIV infection cost an average 700,000 Kenya Shillings per person per year. Drugs for management of opportunistic infections are also very expensive.

2.10 Gender challenges

Women and AIDS

The fact that HIV affects everybody irrespective of sex makes heterosexual transmission an important factor when dealing with women, men and children and HIV because young girls become sexually active at an early age. This is one reason why prevalence rates peak earlier for women than men. Women are more susceptible to heterosexual transmission because of biological factors, illiteracy, ignorance, and lack of skills forcing them to be dependent on men for economic support. Social-cultural influences also play a part in this vulnerability. STD in women are not easily recognized and their presence facilitate HIV transmission. The cultural emphasis on reproduction, submissiveness and child marriages increase the risk of women contracting HIV infection. This situation is worsened by deteriorating economic conditions which make it difficult for women to access health and social services.

With regard to children, the high prevalence rates in men and women of reproductive age implies relatively high prevalence rates among new born infants. Infected infants experience relatively high mortality rates.

The economic demand created by societal needs also makes HIV prevalence in Kenya follow the pattern created by male labour migration. Spousal separation worsened by poverty, nature and conditions of work encourage high risk sexual behaviour among men and women. In addition the gender differences in access to economic opportunities reinforced by cultural practices promote the transmission of HIV / AIDS by creating a situation of high level of dependence of women on men, thus endangering their lives through involvement in unprotected sex.

The predominantly patriarchal Kenyan communities prescribe a high status for men which at times involves risk taking. This, in addition to the male sexual prowess, ego and need to glorify virility, exerts pressure on men forcing them to demonstrate these virtues through sexual experimentation, conquests and multiplicity of sexual relationships. Men and women are also predisposed to HIV infection through excessive intake of alcohol and substance abuse which at times lead to high risk practices. The low status of women in society reduces their capacity for decision making in matters related to sexuality, fertility and their lives in general. The majority of women therefore lack bargaining power and are unable to negotiate desirable and safe relationships. High level of illiteracy, inaccessibility to accurate and reliable information on AIDS prevention, and lack of capacity to use protective measures against HIV are some of the factors that increase women's vulnerability to HIV infection.

The status of the African woman within the society is contingent on child bearing with preference for male off-springs. This affects decisions on family size, fertility and sexuality. Some women will continue bearing children, with the knowledge of HIV positivity. Cultural, biological and personal considerations influence early sexual activity on young girls. They are therefore predisposed to HIV infection through trauma to their immature reproductive systems thus facilitating entry of HIV. Socialization of girls in many communities dictates submissiveness thus creating a situation where girls cannot negotiate or reject sexual advances. The low status of women in society brings about a situation where women have no confidence and have low self-esteem. Efforts will be made to empower

women to recognize their vulnerability to HIV infection. The empowerment will involve provision of information on HIV, AIDS and STD and access to credit facilities to boost their economic situation. Emphasis will be made on enhancing self-esteem among young girls, decision making at all levels and assertiveness to enable them to handle threatening situations.

Men and AIDS

Men's vulnerability is influenced by factors such as male "ego" which drives men into risk taking in sexual behaviour. Alcohol and substance abuse, labour migration, and social-cultural practices like plural marriages are some of the factors which influence men into high risk practices. Groups such as beach boys, watchmen, soldiers, prisoners and truck drivers may usually establish casual relationships because circumstances separate them from their regular sexual partners for long periods. This makes them more vulnerable to HIV. Where couples adopt individualistic attitudes, HIV infection may occur because a spouse fails to disclose his/ her continued HIV status. Unprotected sex will no doubt put the infected partner at risk of infection.

Efforts will be made to address societal practices that put women, men and children at risk of contacting HIV. Recreation facilities as alternative entertainment will be set up to reduce idleness and exposure to antisocial behaviours both in urban and rural areas. Society will be encouraged to socialize their young ones more positively taking into account the prevalence of HIV/AIDS and the societal customs, values and beliefs. This will enhance confidence and self-esteem among girls and women and direct the male energy in a more positive direction thus reducing the risks of HIV infection.

2.11 Children and AIDS

The HIV epidemic has its greatest impact on children because morbidity and mortality is high among them and through the death of their infected parents they become orphans. Children born of HIV positive mothers have little choice when it comes to HIV infection. With current trends in HIV/AIDS prevalence, many children will be orphaned because AIDS has high mortality rates on parents. Children are also affected by decisions

of parents who continue child bearing and breast feeding even when they are aware of their HIV positivity. Women with HIV will be advised to avoid breast-feeding their children and use alternative feeds. Children will require to be protected from situations which predispose them to HIV infection and those infected and affected will be assisted to continue coping throughout life. The current immunisation policy will continue to be relevant to children who are HIV positive. Asymptomatic HIV seropositive children will continue to be immunized according to the Kenya Expanded Programme on Immunization schedules. However, all children with symptomatic HIV disease will not be immunized with BCG and oral polio vaccines. Children infected with HIV are prone to frequent and serious infections and frequently need medical care. To fully address the needs of these children, mobilization of all available resources will be done. AIDS orphans, unlike other orphans, suffer from stigma and rejection, and this may lead them to deviant and antisocial behaviour. Other children at risk of HIV infection include street children, those in remedial/correctional institutions, those who have been sexually abused and children growing up in slum areas.

The Government will ensure that children are protected because they are not able to articulate their own needs. Special emphasis will be given to issues of HIV testing, confidentiality and research involving children in such area as drug and vaccine trials.

Ideally AIDS orphans will be cared for within the framework of the extended family. However, where this is not possible, institutional care will be necessary. Guidelines will be provided to those institutions to ensure that they create an environment where these children can grow up into responsible citizens. Any exploitation, discrimination and violation of the children's human rights will be addressed accordingly. Advocacy on issues that affect children will form part of the interventions to ensure that orphans and other children are not exploited by adults.

2.12 Youth and AIDS

The youth are exposed to HIV/AIDS due to biological, social-cultural and economic factors. The high rates of teenage pregnancies, abortions, school dropouts and sexually transmitted diseases confirm that the youth are engaging in early sexual activities and are increasingly predisposed to HIV/AIDS. Data from the National AIDS Control Programme show

that peak ages of AIDS occur at 20-25 years for female and 25-35 years for males. This is of great concern given the fact that 60% of the total Kenyan population is under 20 years of age. Youth issues as they relate to HIV/AIDS will be looked into from various perspectives in society. These will include biological/development and functional issues as they influence sexual behaviour. At the social-cultural level, issues of peer pressure, beliefs, norms, values and attitudes that determine behaviour are critical.

Youth vulnerability is increased by such factors as early exposure to sexual experiences through cultural and economic factors, media and erosion of traditional values which were used as sanctions for regulating expression of sexuality. The problem is made worse by the fact that parents, leaders and teachers have difficulties discussing matters related to sexuality with young people. This has created a vacuum of knowledge. The issue of society's capacity to deal with youth education will be addressed in order to equip youth with adequate knowledge, skills and appropriate attitudes to handle HIV/AIDS effectively.

The diverse cultures in Kenya however pose great challenges in designing uniform education programmes and approach in matters related to sexuality among young people. This is complicated by rapid social-cultural transformations, urbanization, industrialization and exposure to foreign culture. Youth sexuality is determined by knowledge about what is going on. This in turn is influenced by beliefs, attitudes, norms, values, level of self esteem and the background of each individual. The knowledge, behaviour and attitude of youth towards sex is further determined by peer pressure and other environmental influences.

AIDS education for youth will be implemented targeting specific age groups. The goal of AIDS education will be to facilitate and sustain responsible behaviour for continued HIV prevention. The AIDS education programme will be based on culturally acceptable moral values and will be integrated into ongoing school programmes.

AIDS education will focus on assertiveness and skills needed in discussing AIDS prevention with potential sex partners. Building the self-esteem of young people and girls in particular will be emphasized.

CHAPTER 3

STRATEGIES AND INTERVENTIONS

In drawing preventive strategies and interventions it is important to note that presently there is no cure or vaccine for AIDS. Preventive strategies and interventions are therefore directed towards the modes of HIV transmission as they relate to target populations. Attention is focused on the underlying factors which make individuals and communities vulnerable to HIV and the consequences of AIDS. Therefore strategies and interventions aim at preventing and protecting people not yet infected with HIV by empowering them to avoid risky behaviour. Preventive strategies will also address those already infected to ensure they do not infect others. This will be done through creating awareness as well as advocacy on the use of barrier methods during sexual contact. Care and support for the infected and affected facilitates their integration into society thus reducing discrimination, stigmatization and isolation. Strategies focusing on blood borne infections will ensure that infection through this mode is curtailed. Interventions dealing with the consequences of the impact of HIV/AIDS disease will focus on documented effects. Mother to child transmission will be addressed as a special mode of transmission because preventing HIV in women will prevent infection in children. The underlying factors behind heterosexual transmission relate to behaviour and traditional practices. The origin of these may be deeply rooted in culture. Community specific interventions coupled with advocacy on social-cultural issues will be emphasized to assist society to rid itself of risky practices which are interwoven in culture. The AIDS epidemic has great impact on the individual, family and the community. Strategies aimed at dealing with effects of AIDS upon the individual family, community and the society are also addressed.

3.1 Prevent Sexual Transmission

Since the first case of AIDS was identified in Kenya in 1984, concerted efforts have been made to create awareness about AIDS, and a high level of awareness has been achieved. However, despite this high level of awareness, risky sexual behaviour is still rampant. It is therefore important that emphasis be on behaviour change in addition to use of effective barrier methods. Interventions include:-

- Prevention and treatment of sexually transmitted infections.

- Targeting information, education and communication with particular emphasis on women, men, youth and high risk groups.
- Advocacy/lobbying for changes or modification of social-cultural practices which facilitate the transmission and spread of HIV/AIDS.
- Training of change agents.
- Promotion and use of condom/barrier methods.
- Support to communities to prevent the spread of AIDS and STDs.
- Establishment of youth and women friendly services.
- Research including clinical trials of drugs and vaccines.

3.2 Prevent mother to child transmission

The main factor influencing transmission of HIV from mother to child is the infection in the mother. Interventions in this regard include:-

- Prevention of HIV transmission in women.
- Integration of reproductive health into ongoing programmes and provision of services to include: counselling, education and advocacy for social-cultural practices and other factors which influence infection of women with HIV. Advise pregnant women with HIV infection to avoid breast-feeding of children and make HIV treatment programmes available and accessible.
- Provision of protective materials for midwives and traditional birth attendants to include gloves, disinfectants and gowns.
- Research on factors influencing HIV transmission in children and incorporation of new technological advances proven to reduce mother to child transmission into HIV prevention programmes.

3.3 Prevent blood borne infection

Blood transfusion though not the most common mode of transmission is an efficient method of transmitting HIV. In order to improve Blood Transfusion Services, the following interventions will be pursued:-

- Donor recruitment, education, counselling and research.
- Reorganization of blood donor services.
- Provision and maintenance of blood screening facilities including protective materials.
- Training of health workers.
- Establishment of quality control mechanisms in all laboratories.

3.4 Prevent transmission through invasive procedures

Most communities use invasive procedures in their traditional practices such as tooth extraction, circumcision, skin piercing, scarification and blood letting operations. Interventions applied to minimize transmission through these practices include:-

- Standard sterilization and disinfection procedures in health care settings, at home, and among traditional medical personnel.
- Application of universal precautions on all types of body fluids.
- Establish infection control procedures in health care settings and the informal traditional medical sector.
- Education and training for health care providers especially traditional practitioners to enhance sterile practices.
- Provision of adequate supplies, materials and equipment to all health facilities.

3.5 Reduce impact of AIDS on society

The AIDS epidemic impacts heavily on individuals, families and society. Intervention to mitigate the impact of HIV / AIDS will be focused at national, district and community levels.

National level

Strengthening the national capacity to respond to AIDS epidemic and its consequences by:-

- Enhancing the co-ordination of AIDS multi-sectoral prevention and control programmes.
- National level advocacy and networking.
- Mobilisation of resources from all potential sources.
- Research, training, treatment of HIV and opportunistic infections.
- Monitoring the trends of AIDS epidemic.

District level

At district level strategies will be directed to the communities to stimulate them for action. Strategies in this regard will include:-

- Mobilisation of societal will to recognise their strengths and weaknesses in handling AIDS related concerns.
- Stimulate communities to identify and to participate in community based programmes.
- Encourage establishment of community based programmes.
- Support of community based organizations including support groups.
- Peer education and counselling.
- Community home based care.
- Advocacy and networking.

Community level

Interventions at this level will focus on the general public who comprise the majority and will include:-

- Mobilisation of community resources.
- Integration of AIDS into ongoing programmes such as family planning, women/youth group activities, Bamako initiatives, etc.
- Community awareness and counselling.
- Care and support for people infected and affected.

CHAPTER 4

POLICY ON AIDS

These Policy statements are made on the understanding that the Government's commitment will go beyond the development of this Sessional Paper on AIDS. The Government will continue to play its leadership role and will create an environment where AIDS related strategies will be translated into meaningful action to reduce the magnitude of the epidemic, to prevent further spread and to address the impact of AIDS on society. Previous programmes were hampered by lack of clear policy on controversial issues resulting in confusion and unnecessary conflicts among groups with special interests over those targeted for intervention. This Chapter describes the policy stand on critical issues.

4.1 AIDS Situation

Because of the magnitude of the AIDS epidemic and its impact on society, the Government will continue to play its leadership role and will create an environment where AIDS related strategies shall be translated into action through:-

- Continued monitoring of the prevalence and trends of the epidemic.
- Strengthening surveillance systems.
- Drawing strategic plans to address critical areas in AIDS related activities.
- Mandating relevant institutions to collect data on AIDS and factors that influence its spread.
- Ensuring that research findings are accessible to the users at all levels.

4.2 Economic Impact

The economic impact of AIDS calls for mobilisation of resources from various sources which include individuals, communities, the exchequer and donor agencies. The Government will therefore:-

- Consider development of new strategies for resource mobilisation for AIDS/STDs prevention and care activities.
- Within the framework of Universal Primary Education, offer free educational and social support to orphans.

- Encourage the private sector to invest in local manufacture of commodities such as gloves, condoms, reagents and drugs.
- Ensure proper co-ordination of research on AIDS/STD.
- Integrate funding of AIDS related activities into the Government budgetary cycle on a multisectoral basis.
- Reform the National Hospital Insurance Fund (NHIF) to accommodate the increasing health burden on the contributors.

4.3 Social-cultural issues

The social-cultural practices have a major role to play in HIV transmission, its containment and in the support of the infected and the affected. The Government will:-

- Advocate for a National Social Policy which addresses social-cultural factors that influence transmission of HIV or its containment.
- Harmonise the role of socialization agents in order to prevent HIV/AIDS throughout life.
- Facilitate research on social and cultural issues that contribute to the vulnerability of women, men, youth and children and the coping strategies used at community level.
- Collaborate with other agencies to extend and intensify counselling services at community level to address family problems, enhance behaviour change and provide psychological support for people infected and affected communities.

4.4. Legal and ethical issues

There are valid and contentious statutes that relate to HIV/AIDS activities and the rights of individuals in society. Noting all these, the Government will:-

- Ensure voluntary testing for individuals.
- Enhance enforcement of ethical codes as they pertain to confidentiality in relation to AIDS.
- Ensure legal provisions regulating circumstances in which partner notification for those at risk of HIV infection may be made without the consent of the infected person in the interest of public health.
- Develop codes for counselling that have the force of law, taking into account the requirements for voluntary testing and

confidentiality as they relate to home/community based care of HIV infected persons and people living with AIDS.
- Institute legislation to deal with isolation and discrimination of HIV infected persons and people living with AIDS.
- Regulate the conduct of Biomedical research involving human subjects and provide penalties for those engaging in unethical research.
- Ensure drug trials are regulated by clear legal provisions and sanctions provided against those peddling, cutting up for sale and advertising substances which have no proven curative value against HIV.
- Ensure that Insurers do not decline compensation to those insured who were not infected prior to the issuance of insurance policies.
- Ensure provisions for the protection of children orphaned by AIDS and people infected with HIV.
- Uphold criminal sanctions against those who deliberately infect others.

4.5 Women and Men

Women have a significant role in society. However, this role is jeopardised by their vulnerability to HIV as they perform these roles. Their vulnerability is influenced by factors internal and external to them including the social-cultural environment. The Government will work with community agencies to persuade society to modify these practices and to empower women and society generally. The government will therefore:-

- Provide basic education on human sexuality and specific information about HIV and sexually transmitted infections and their prevention to men, women and society in general or sexually active members.
- Endeavour to develop recreational centres as alternative entertainment for both men, women and youth thus reducing their predisposition to antisocial behaviour which puts them at risk of contracting HIV/AIDS.
- Harmonise age of consent, marriage and maturity to 18 years.
- Encourage voluntary HIV testing to all women and men of reproductive age in order to enhance their capacity for decision making regarding their fertility and sexuality.
- Support advocacy for issues pertaining to sexual abuse, harassment

of women, reproductive rights and reproductive health.

- Encourage employers to provide adequate housing for employees and to consider family cohesion in their deployment programmes.
- Empower women on matters pertaining to access to economic information and enhance social-cultural recognition.

4.6 Children

The number of children infected and affected by HIV/AIDS continues to rise yet the institutional and the extended family capacity to cope is frustrated by the socioeconomic situations and the demands by the large numbers of people needing care and support. The Government will:-

- Provide guidelines on HIV and breast feeding for mothers.
- Offer free medical treatment and education to orphans and children infected with HIV.
- Provide adequate diagnostic facilities in order to detect HIV/AIDS in children early.
- Advocate for care for HIV positive children and social support for orphans in institutions and in the community.
- Integrate AIDS into reproductive health programmes.

4.7 Refugees

The influx of refugees from the different countries in the region impact negatively on the country. The need to collaborate with other agencies is critical. The Government will collaborate and work closely with UNHCR to mount preventive education programmes and provide health and social support to those infected with HIV.

4.8 Strategies and interventions

The strategic plans are based on the dynamics of the major modes of HIV transmission, the trends in the prevalence of HIV/AIDS and the factors which influence the spread. The government will:-

- Strengthen information, education and communication strategy.
- Strengthen the infrastructure for management of sexually transmitted infections and treatment of opportunistic infections including provision and promotion of preventive barrier methods.

- Enhance effective implementation of health delivery services.
- Provide safe blood through reorganization and effective management of blood transfusion services.
- Enhance collaboration with the traditional health systems through, organization and provision of regulatory framework to enhance the capacity to provide health care.
- Strengthen the community based health care system through involvement of individuals, families and communities and support groups.
- Encourage provident funds and other private companies to increase their participation in HIV/AIDS activities.
- Manage and co-ordinate AIDS related programmes for efficiency and effectiveness using a multisectoral approach.

4.9 Health Care

Because of the severity of the AIDS disease and its magnitude, the government will:-

- Continue to pursue the Global Strategy of Health for All by the year 2000 and beyond.
- Strengthen institutional capacity to handle AIDS related matters to include palliative care management of opportunistic infections, and treatment of HIV infection.
- Provide facilities for management, treatment and prevention of sexually transmitted infections including follow up.
- Support such initiatives as Community Home Based Care, counselling, care of the terminally ill, and social support.
- Ensure care providers safety in the health care setting and at home.
- Support for the care providers in the institutions and at home.
- Continue pursuing health sector reforms in the areas of policy, financing and procurement of commodities to ensure accessibility, availability and affordability of health services.

4.10 Youth

Young people comprise the majority of AIDS cases as reported from various hospitals. The youth become infected through environmental, social, cultural, psychological and biological factors. To protect young people against HIV / STD infections, the Government will:-

- Provide direction in designing culturally, morally and scientifically acceptable AIDS education programmes for youth in and out of school.
- Advocate for protection of youth against antisocial behaviours such as premarital sex, drug abuse, teenage pregnancy and school drop out.
- Strengthen the capacity of teachers, parents, leaders and communities in general to enable them to lead and educate young people about HIV/AIDS and provide role models for the youth.
- Enforce the liquor licensing act in order to stamp out the current practice where bars, lodges and other social amenities are located in residential areas thus giving young people negative experiences.
- Address the issues of poverty, unemployment and productivity in line with Social Dimensions of Development and the Initiative for Youth Action.

4.11 Institutional Framework

Recognising the need for a multi-sectoral approach to AIDS prevention and control and the importance of effective mobilization and the co-ordination of activities and resources from the various agencies, the Government will establish National AIDS Council.

CHAPTER 5

ESTABLISHMENT OF NATIONAL AIDS COUNCIL

The need for a multi-sectoral strategy was foreseen at the inception of the National AIDS Control Programme in 1987. However, appropriate framework for full realisation of this strategy has been lacking. NASCOP as a department in the Ministry of Health is not able to marshal other sectors involved in AIDS prevention and control. Lengthy and complicated bureaucratic procedures at the Ministry of Health headquarters inhibit the smooth flow of funds for initiatives at the provincial and district levels. Effective district inter-sectoral AIDS committees are few and where they exist lack capacity to implement an effective HIV prevention programme. NASCOP cannot receive donor funds directly and has to rely on the slow disbursement of funds through the Ministry of Health. Most donors have expressed preference to direct disbursement of funds to NASCOP if the programme is to respond quickly to the epidemic. The establishment of National AIDS Council will enable the Government to overcome most of these constraints.

Rationale

National AIDS Council will expedite HIV prevention and control activities through formulation of appropriate policies, establishment of appropriate institutional framework for a multi-sectoral AIDS control programme, strengthening of institutional capacity at all levels, leadership in resource mobilisation for AIDS control including care of people affected and co-ordination of all actors which include Government departments, Non-Governmental Organisations, Community Based Organisations, Religious Organisations, private sector, and donors among others.

5.1 National AIDS Council Secretariat

National AIDS Council (NAC) will operate within a reasonable degree of autonomy. It will receive and account for funds from the Government, private sector, and international donor agencies. NAC will operate a Special account where such funds shall be deposited. NAC will be headed by a Chairman with relevant qualifications and experience appointed by the *President of the Republic of Kenya.* The Council will be served by a full time Secretariat headed by a Director assisted by two Deputy Directors.

The Director shall be a medical doctor with postgraduate training in public health, community health or social sciences. The Secretariat will recruit specialists in Information, Public Relations, Public Health, Epidemiology, Programme development, Policy, Sociology, Procurement, Law, Economics, Finance and Administration. The day to day activities of NAC will be carried out by the Secretariat which will provide administrative support, and liaison with other agencies and organisations. Government Ministries, Parastatals, NGOs, and the private sector, will create focal points and line budgets for AIDS control within their organisations. These focal points will work in partnership with the Secretariat and network among themselves. NAC will be based in the Ministry of Health. The Director and officers of the Secretariat will be employees of the NAC. The Council will have technical advisory committees.

5.2 Terms of reference for National AIDS Council

NAC will operate at national, provincial, district and community levels. In particular it will:-

- Develop and articulate policies relevant to prevention and control of AIDS;
- Mobilise resources for AIDS control and provide funding to implementing agencies;
- Co-ordinate and supervise implementation of AIDS programmes in the country through a multi-sectoral, multidisciplinary approach;
- Mobilise Government ministries and institutions, NGOs, research bodies, and universities to participate in AIDS control;
- Develop strategies to deal with various aspects of the AIDS epidemic;
- Develop management information systems for AIDS control;
- Identify training needs and devise appropriate manpower development strategies;
- Collaborate with local and international agencies that work in AIDS control;
- Develop appropriate mechanisms for monitoring and evaluation of AIDS and STD programmes; and
- Take leadership role in advocacy and public relations for AIDS control programme.

Composition of National AIDS Council

Chairman	*Appointee of the President of the Republic of Kenya*
Secretary:	*Director of the National AIDS Council Secretariat*
Members:	*Permanent Secretary, Ministry of Finance*
	Permanent Secretary, Office of the Vice-president and Ministry of Planning and National Development Representative, Cabinet Office
	Permanent Secretary, Ministry of Health
	Director of Medical Services
	Permanent Secretary, Ministry of Education
	Permanent Secretary, Ministry of Culture and Social Services
	Chairman, Kenya Medical Association
	Two representatives of NGOs, churches and religious organisations
	Executive Director, Federation of Kenya Employers

ANNEX I

MEMBERS OF STEERING COMMITTEE

Mr. D. B. Kimutai
Permanent Secretary, Ministry of Health - Chairman

Dr. James Mwanzia
Director of Medical Services - Alternate Chairman

Dr. Martin Kayo
Programme Manager/Senior Deputy DMS - Secretary

Dr. Tom Mboya Okeyo
Consultant Epidemiologist/editor - Alternate Chairman

Members:

Dr. Sobbie A. Z. Mulindi
Clinical Psychologist, College of Health Sciences
University of Nairobi

Mr. Jim Akenga
Director of Information
Ministry of Information and Broadcasting

Dr. William Jimbo
Director of Division of Family Health
Ministry of Health

Dr. Joseph arap Ng'ok
Chief Economist
Office of the Vice-President and Ministry of National Development

Dr. Mohammed S. Abdullah
Chairman
Kenya Medical Research Institute

Mr. Ambrose D. O. Rachier
Advocate
National AIDS Committee

Mr. B.E. Oduor Otieno
Deputy Secretary
Ministry of Labour and Manpower Development

Mr. Mohammed Khamisi
Deputy Secretary
Office of the President
Department of Defence

Major (Rev.) Caleb M. O. Gwambo
Office of President
Department of Defence

Mr. Philip I. Muchukuri
Deputy Secretary
Office of the President
Provincial Administration

Professor ABC Ocholla Ayayo
Director
Population Studies Research Institute
University of Nairobi

Mrs. Angela Kamau
Senior Planning Officer
Ministry of Culture and Social Services

Mrs. Margaret Chemengich
Director
Central Bureau of Statistics

Mr. B. C. Mbugua
Senior Education Officer
Ministry of Education

Dr. D. M. Owili
Chairman
National AIDS Committee

Prof. Judith Mbula
Chairlady
Department of Sociology
University of Nairobi

Prof. Alloys Tumbo Oeri
College of Health Sciences
University of Nairobi

Mr. Winston A. J. Tuva
Budgetary Supply Department
Ministry of Finance

Mr. I. O. Kenani
Deputy Chief Economist
Ministry of Tourism and Wildlife

Dr. S. K. Langat
Director of Research
Ministry of Research Science and Technology

Miss E. Mwenda
State Counsel
Attorney General's Chambers

Mrs. Grace Masese
Principal Social Planner
Department of Urban Development
Ministry of Local Government

MEMBERS OF THE SECRETARIAT

Dr. Martin O. H. Kayo, Dr. Tom Mboya Okeyo, Mrs. M. W. Gatei, Mr. Meshack H. O. Ndolo, Mrs. Monicah Aoko, Ms. Khadija Issa.

ANNEX II

TECHNICAL SUB-COMMITTEES

1. Policies
2. Strategies and Interventions
3. Psycho-Socio-Cultural Issues
4. Establishment of National AIDS Council
5. Economic Impact
6. Epidemiology and Health Care
7. Women and Children
8. Legal and Ethical Issues
9. Youth Issues