

KENYA - AIDS fact sheet

General indicators		
	Figure or estimation	Source
Population living on less than 1USD/day (2USD/day) (%)	23% (58%)	Human development report, 2005
Corruption perception index ¹	2,1	Transparency International Corruption Perceptions Index 2005
Public health expenditure as percentage of GDP (2003)	2%	WHO, The World Health Report 2006
Per capita total expenditure on health (USD) (2003)	20	WHO, The World Health Report 2006
Physicians per 100.000 people (2004)	14	WHO, The World Health Report 2006
PLWHA in need of ARV treatment (estimation)	273.000	WHO 3 by 5 Progress Report, 2006
PLWHA under ARV treatment (public and private sector)	Approx. 55.000	WHO 3 by 5 Progress Report, 2006
Antiretroviral therapy coverage	24%	WHO 3 by 5 Progress Report, 2006
Policy on financial participation by patients, in general	In theory, primary health care services are free for children under five and pregnant women. For others there is a cost recovery system with besides a waiver system.	
>> How to put some key health indicators in perspective?		
AIDS in the public sector (as of January 2007)		
Policy on financial participation: for HIV/AIDS	ARV drugs, lab tests and follow up are for free, if available. Besides the package of ARVs/CD4/cotrimoxazol, patients still need to pay for other treatments and investigations, which become quite quickly an important amount.	
First-line regimen medicines: availability and price range to be paid by patient/month		
Second-line regimen medicines: availability and price range to be paid by patient/month		
Pharmaceutical information	For a list of registered ARVs in Kenya (meaning they might be available; on the opposite, if not listed, will not even be available): http://www.who.int/hiv/amds/patents_registration/drs/	

¹ CPI Score relates to perceptions of the degree of corruption and ranges between 10 (highly clean) and 0 (highly corrupt).



What are the main factors to be taken into consideration influencing accessibility to HAART?

Internal brain drain from rural to urban centres.
Patients not on classic Kenyan first/second line ARVs might have to be put on other drugs depending on their availability.

