HIV/AIDS

HIV/AIDS is one of the greatest challenges facing Kenya today. About 1.2 million people are reported to have been infected by HIV virus in Kenya. According to the Ministry of Health, a prevalence rate of 9 percent was found in adult women and 5 percent in adult men. The government has been carrying out observation of HIV in pregnant women annually since 1990. The results show prevalence rising to 16 percent in urban areas and 8 percent in rural areas in the late 90s. However, there are now signs of decline.

A large population of Kenyans has not been tested for HIV. A small percentage of Kenyan adults report having been tested. However, with time and new information, more and more Kenyans are going for testing. Part of this increase has been due to outside influence which has helped in changing people’s attitude towards this epidemic. In the years 2003 through 2005, 793,621 Kenyans volunteered to be tested through the U.S. President's Emergency Plan for AIDS Relief.

The Kenya ministry of health has projected that 10 percent of those infected have full blown AIDS. In many hospitals, nearly 50 percent of beds are occupied by patients suffering from AIDS. This scenario has led to a prediction of a drop in life expectancy for the first time in a generation.

Kenya became the first African country to receive AIDS assistance in the form of a loan from the World Bank. The Bank provided US$50 million to help fight AIDS. This money is used to boost HIV/AIDS prevention campaigns and start HIV/AIDS treatment programs (Photo 68).
In January 2001, clinical trials of the first AIDS vaccine were carried out in Nairobi. The vaccine was designed specifically for Africa. Britain’s Oxford University and the University of Nairobi worked together to develop the vaccine. The government and international donor agencies continue intensifying efforts in fighting this epidemic.

**Malaria**

Malaria is another common disease in Kenya that has continued to claim several lives over the years. Malaria is transmitted from one person to another by anopheles mosquitoes. A malaria risk exists all year round in Kenya. However, it is more pronounced around Mombasa, Kisumu, and the lower coastal areas than in Nairobi and on the high central plateau. Although most people
associate Malaria with poverty, it has also caused poverty and posed as a major challenge to Kenya’s economic development.

In the recent times, Malaria has been linked to climatic changes in the region. It is considered that rainfall influences the availability of mosquito population while the temperature affects the development rate and chances of survival of the mosquito parasites and vectors. In this regard, temperature and rainfall play a significant role on effects on malaria transmission. In a similar manner, it is thought that changes in land use have also contributed to the spread of Malaria as the changes have induced environmental conditions that are more favorable for the development and reproduction of mosquitoes.

Other factors seen as enhancing the spread of Malaria include the increased movement of people from Malaria prone areas to Nairobi and the highlands, poor health facilities and anti-malarial drug resistance. Global warming has also been included in the list.

On a brighter side, the World Health Organization (WHO) in 2007 announced that Kenya has reduced the rate of Malaria related cases by almost half among children aged five years and below. The WHO attributes the reduction of malarial deaths from 34,000 in 2005 to 16,000 in 2006 to the mass distribution of insecticide-treated bed nets. This is now being considered as the most viable path to follow by both the WHO and the Kenya government. The government has already promised to distribute 2 million long-lasting mosquito nets to pregnant women and children every year. The Kenyan population has also been asked to use mosquito repellents to prevent bites, drain any stagnant water near houses, and spray insecticide to kill anopheles mosquitoes.