

The Current State of the Global AIDS Epidemic & Key Implications for an Effective AIDS Response.

Declaration of Commitment on HIV/AIDS

-five years later-

18 April 2006



Progress towards the Declaration of Commitment

2005 Targets

2005 Target	Value
Total annual expenditure	\$7.0 - \$10.0 billion
Percentage of youth aged 15-24 who have comprehensive knowledge	90% coverage
Percentage of HIV-positive pregnant women receiving ARV prophylaxis	80% coverage
Percentage of people with advanced HIV infection receiving antiretroviral therapy	50% coverage 3 million on Rx
Percentage of young men and women, aged 15-24, who are HIV infected	25% reduction
Estimated percentage of infants born to HIV-infected mothers infected in 2005	20% reduction

Status of Reporting for AIDS Review 2006

- **126 Country Progress Reports**
- **31 Civil Society Reports**
- **Most comprehensive data set ever available.**

New Indicators - 2005

Generalized epidemics

- the monitoring of blood safety,
- risk reduction for sexual transmission, including sexual debut, partner reduction, and condom use in casual sex
- quality of AIDS treatment – survival after 12 months
- Percentage of orphans and vulnerable children whose households received free basic external support in care for the child.

Concentrated epidemics

- coverage of services for populations most at risk: CSWs, IDUs, MSM
- coverage of HIV testing for most at risk populations
- percent risk reduction in most at risk populations-condom use by sex workers/MSM-harm reduction by IDUs

Civil Society Input -national level-



- NCPI
- UNGASS
Qualitative
Assessments
- Coverage
- Stigma Index
- Other

- National
Vetting
Workshop
- External
review

Direct CSO
input

IV. Care and support¹¹

1. Does your country have a policy or strategy to promote comprehensive HIV and AIDS care and support, with sufficient attention to barriers for women, children and most-at-risk populations? (Comprehensive care includes, but is not limited to, confidential voluntary counselling and testing, psychosocial care, access to medicines, and home and community-based care.)

Yes	No	N/A
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2. Which of the following activities have been implemented under the care and treatment of HIV and AIDS programmes?

	2003	2005
a. HIV screening of blood transfusion	a. _____	a. _____
b. Universal precautions	b. _____	b. _____
c. Treatment of opportunistic infections (OI)	c. _____	c. _____
d. Antiretroviral therapy (ART)	d. _____	d. _____
e. Nutritional care	e. _____	e. _____
f. Sexually transmitted infection care	f. _____	f. _____
g. Family planning services	g. _____	g. _____
h. Psychosocial support for people living with HIV and their families	h. _____	h. _____
i. Home-based care	i. _____	i. _____
j. Palliative care and treatment of common HIV-related infections: pneumonia, oral thrush, vaginal candidiasis and pulmonary TB (DOTS)	j. _____	j. _____
k. Cotrimoxazole prophylaxis among HIV-infected people	k. _____	k. _____
l. Post exposure prophylaxis (e.g., occupational exposures to HIV, rape)	l. _____	l. _____
m. Other: <i>(please specify)</i>	m. _____	m. _____

Comments:

Overall, how would you rate the efforts in care and treatment of the HIV/AIDS programme?											
2005	Poor									Good	
	0	1	2	3	4	5	6	7	8	9	10
2003	Poor									Good	
	0	1	2	3	4	5	6	7	8	9	10



REPUBLIC OF KENYA

UNGASS 2006

United Nations General Assembly
Special Session on **HIV/AIDS**

Country Report - Kenya



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

UNHCR
UNICEF
WFP
UNDP
UNFPA
UNODC
ILO
UNESCO
WHO
WORLD BANK

Prevention of mother-to-child transmission

PMTCT services were introduced on a pilot basis in 2000; today there are 759 facilities countrywide. It is estimated that 60% of pregnant mothers visiting ANCs are now counselled and tested for HIV. Nevirapine uptake at ANCs is estimated at 38% and the maternal uptake at 60%. Infant Nevirapine uptake is 58%. Nineteen percent of postnatal mothers are counselled (*Report on the Joint AIDS Programme Review 2005*, NACC). There has been good progress towards reaching the national targets, which are to introduce these services to at least 80% of all facilities offering antenatal care by 2007 (*AIDS in Kenya 2005*, NASCOP – MoH).

The civil society perspective

Promote 'afro-centric' programmes

There is often a tendency to impose recommendations without considering culture (in PMTCT, for example, TBA are not as involved as they should be according to their traditional role in the community).

Cultural practices must be taken into account when policy documents are being developed. For networks and partnerships to succeed, local traditions and culture must be taken into account. In this regard, only CSOs have the comparative advantage to provide effective inputs.

This afrocentrism must be integrated into donor conditionalities. Quite often, application forms are long and complex, and lack an afrocentric approach. This could result in the failure of important initiatives.

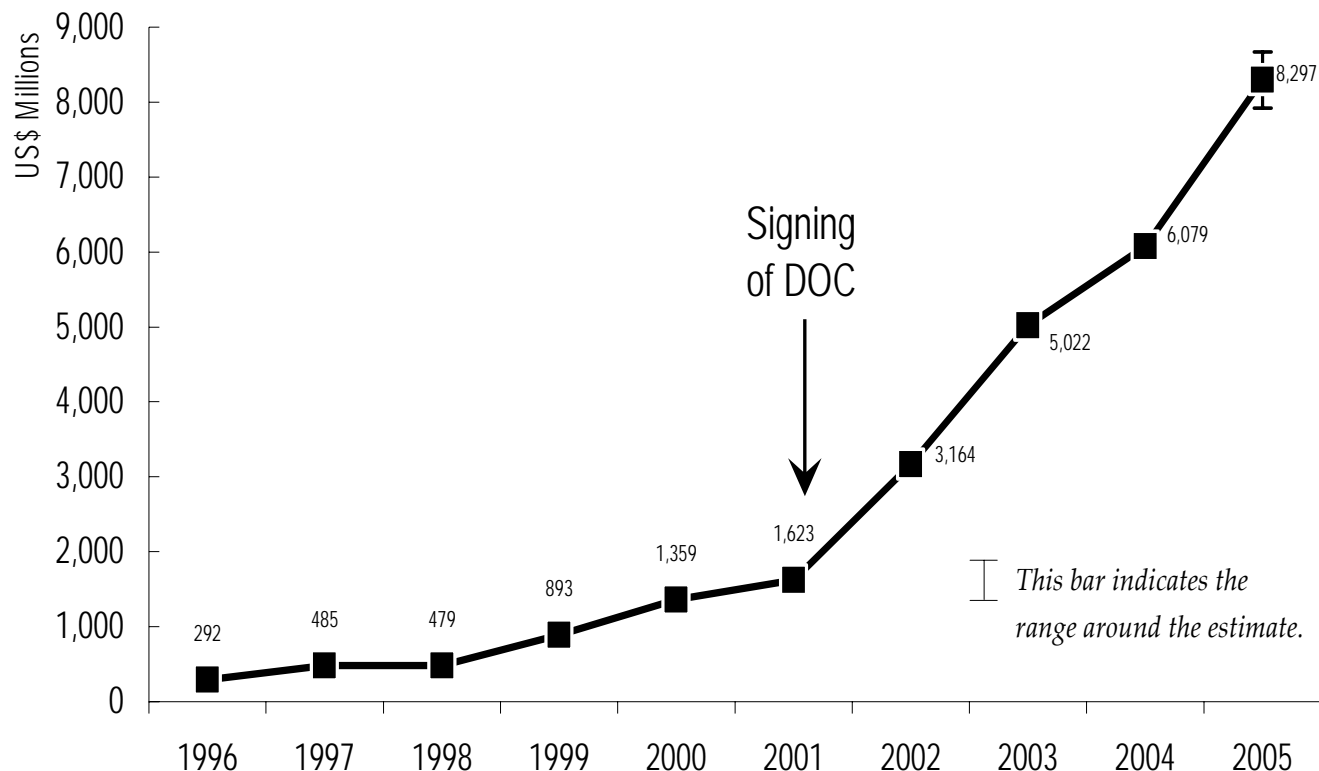


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Estimated total annual resources available for AIDS, 1996-2005

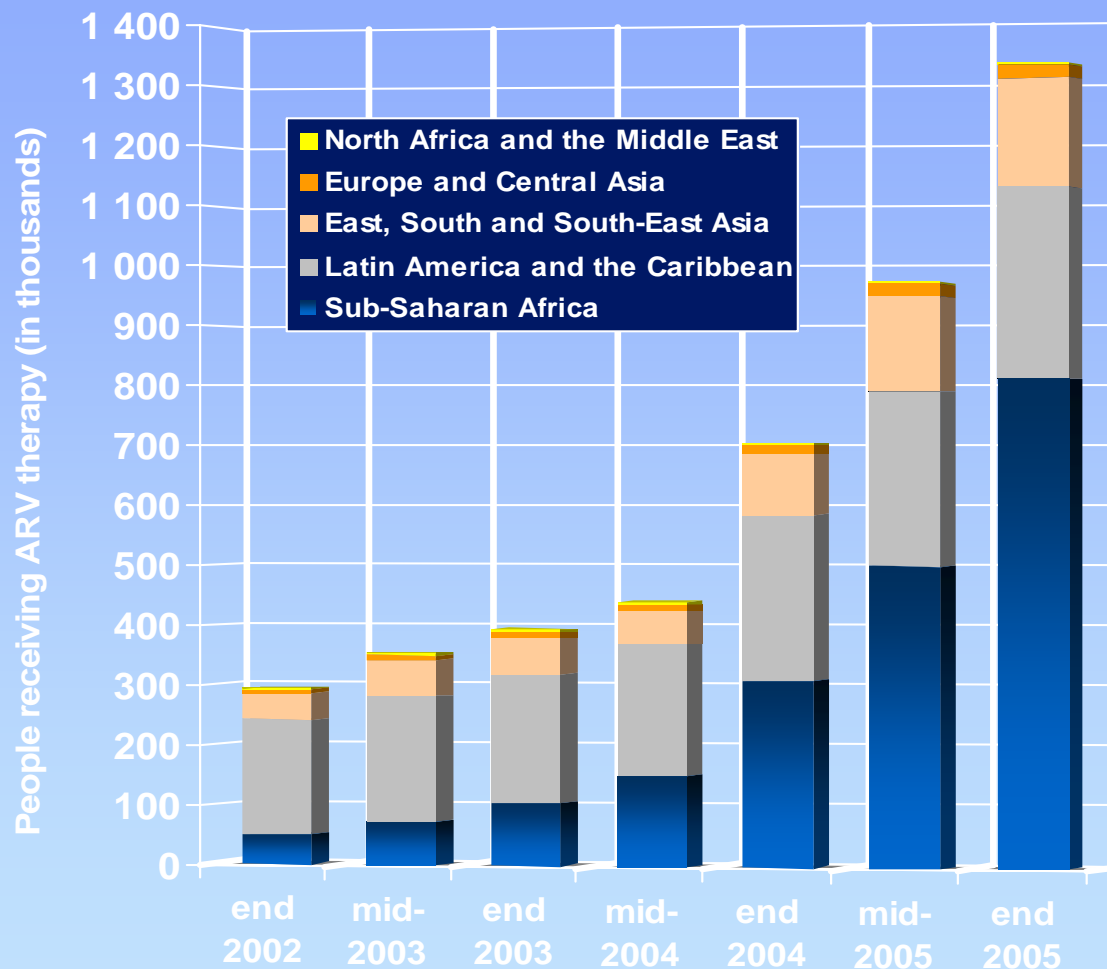
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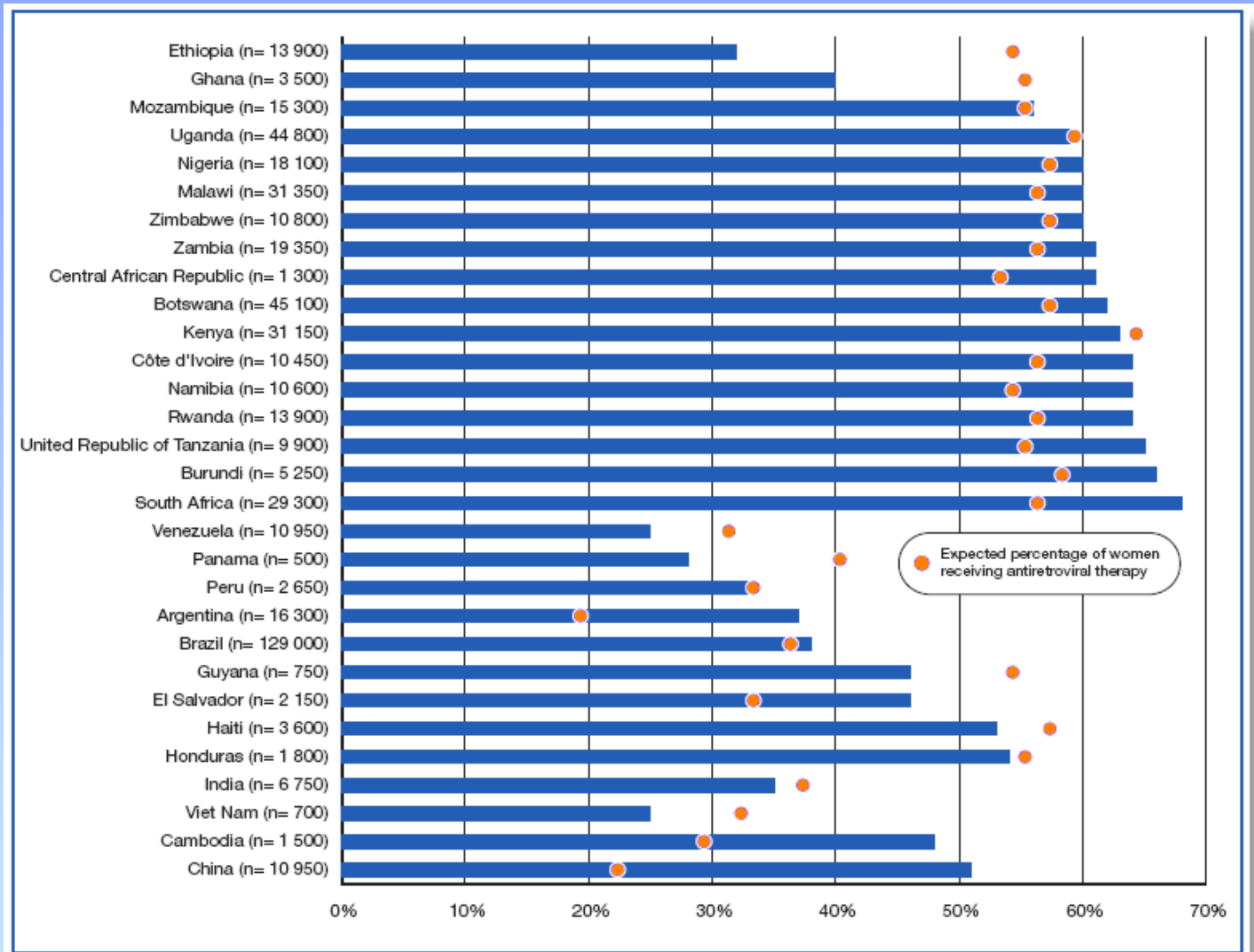
Data includes:

- International donors, domestic spending (including public spending and out-of-pocket expenditures)
- International Foundations and GF included from 2003 onwards, PEPFAR included from 2004 onwards

Number of people receiving ARV therapy in low and middle income countries, 2002–2005



Percentage of women among all adults receiving antiretroviral therapy, 2005



World Health Organization

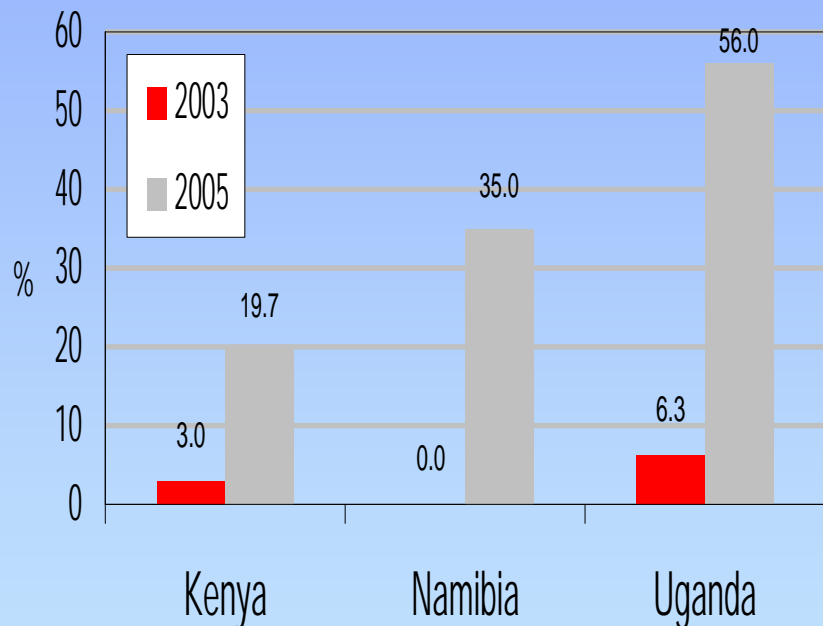


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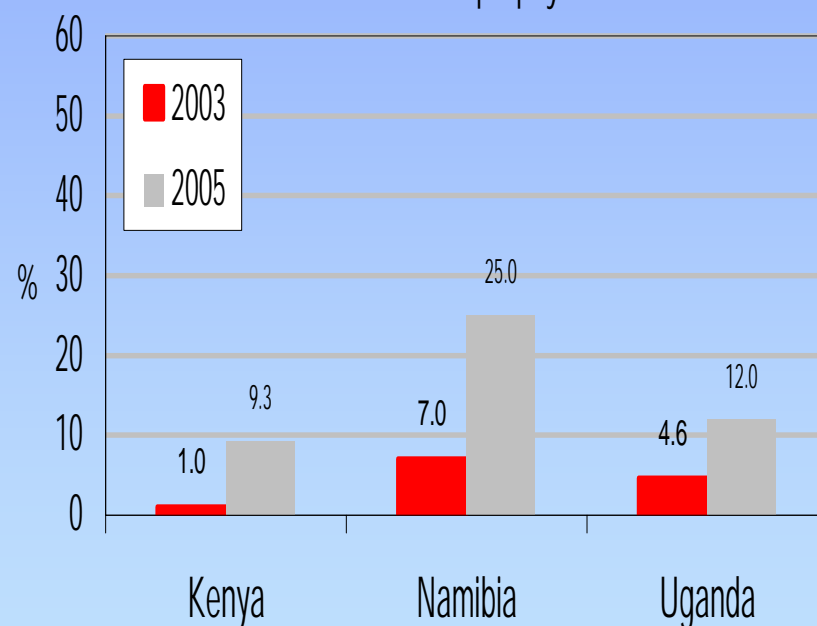
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Comparison of 2003 and 2005 data on the expansion of antiretroviral therapy and coverage of HIV infected mothers who received antiretroviral prophylaxis in three sub-Saharan African countries

Coverage of Antiretroviral therapy



Coverage of HIV-infected mothers who received antiretroviral prophylaxis



Sources: Individual country reports 2005