Permanent Mission of the Republic of Kenya to the United Nations
866 U.N. Plaza, Rm 304, New York, NY 10017

STATEMENT

BY

ESTHER MURUGI MATHENGE
MINISTER FOR STATE FOR SPECIAL PROGRAMMES
REPUBLIC OF KENYA

DURING THE

HIGH LEVEL MEETING ON THE COMPREHENSIVE REVIEW OF THE PROGRESS ACHIEVED IN REALIZING THE DECLARATION OF COMMITMENT ON HIV/AIDS AND THE POLITICAL DECLARATION ON HIV/AIDS

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Tel: (212) 421-4740/1, Fax: (212) 486-1985 Email: kenya@un.int

Mr. President,
Excellencies, Heads of State and Government,
Honourable Ministers,
Ambassadors and Permanent Representatives,
Distinguished Delegates,

I take this opportunity to congratulate you, Mr. President, and the Chairpersons of the sessions during this High-Level Conference on HIV/AIDS for their dedication in facilitating our deliberations. I equally express our appreciation to the Secretary-General of the United Nations for the elaborate and focused reports on issues pertinent to the HIV/AIDS epidemic. My delegation joins the international community in paying tribute to the lost souls and those infected and affected by the HIV/AIDS scourge. We associate ourselves with the statement made by the representative of Senegal on behalf of the African States.

1.0 UNGASS Declaration

Kenya is one of the 189 countries that adopted the United Nations General Assembly Special Session on AIDS (UNGASS) "Declaration of Commitment on HIV and AIDS" in 2001. It is ten years now since the UNGASS declaration and Kenya has taken stock of progress so far made in the national response to HIV and AIDS.

2.0 The Kenya Response to the HIV Epidemic

Kenya has been implementing a multi-sectoral response to the HIV and AIDS epidemic since 1999 and has currently rolled out its evidence informed third Kenya National AIDS Strategic Plan 2009/2010 - 2012/2013 based on the premise of *"know your epidemic – know your response"*: The Kenyan HIV epidemic has the characteristics of both generalized epidemic among the mainstream population and a concentrated epidemic among certain key affected populations (men who have sex with men and prison population, sex workers and their clients, people who inject/use drugs).

A number of milestones have been registered to date namely:

- The number of individuals aged 15+ years **who received HIV Treatment and Counselling and know their results** increased from 860,445 in 2008 to 5,738,282 in 2010. This should be scaled up to at least 80% of all eligible people by 2015.
- **Prevention of Mother to Child Transmission:** The national PMTCT coverage was targeted at 80% but had been surpassed to 82% by December 2010. This should be scaled up to 100% by 2013.
- **Increase in knowledge on prevention:** Condom demand has risen from 8 million per month in 2005, to 20 million per month in 2011.
- **Voluntary male medical circumcision**: Over 200,000 adult men have been circumcised through VMMC since inception in 2009 among the non-circumcising communities.
- **Treatment, Care and Nutrition:** Currently 432,621 out of 650,000 (or 66.5%) of people requiring ART were receiving it in 2010 compared to 237,881 in 2008 based on new WHO Guidelines. The number of people on ART should be scaled up to at least 80% by 2015.
  - **The number of people** on cotrimoxazole increased from 460,225 in 2008 to 815,866 in 2010.
  - **The number of Children** on ART increased from 20,517 in 2008 to 36,096 out of 52,000 in 2010 (approximately 69%)This should reach at least 80% by 2015.

- **Retention on Treatment** after 12 months, 24 months and 60 months as at 2010 stood at 80%, 72% and 71% respectively. This should be maintained to at least 85% throughout.
- **Orphans and Vulnerable Children (OVC):** By 2009, close to 1.2 million children had lost either one or both parents to HIV and AIDS. A cash transfer programme implemented by the Ministry of Gender and Youth Affairs is in place benefiting 100,000 households and reaching 300,000 girls and boys.

3.0 Challenges in the response

- Feminization of the HIV and AIDS epidemic in women and girls driven largely by biological factors, inadequate economic empowerment and access to sexual and reproductive health services and gender based violence.
- Stigma, discrimination and widespread homophobia among the key affected populations preventing their access to comprehensive HIV prevention, treatment, care and support services.
- HIV prevalence has stabilized at between 6% and 7% over the last 5 years and by WHO definition, this calls for renewed efforts to strengthen HIV prevention, treatment, care and support.
- The number of annual new infections is still very high at 122,000 (100,000 adult and 22,000 children) (UNGASS Report 2010). We are committed to reduce new adult infections by 50% by 2013 and those in children to 0% by 2015.
- We still have over 300,000 people who are eligible for ARV treatment but are not receiving it.

4.0 Way Forward

1. We call for global solidarity in combating stigma, discrimination and exclusion of key affected populations by re-examining punitive laws in the context of the human rights of all people and protecting the sexual and reproductive rights of women and girls.

2. Strong, inspiring, visionary and informed leadership is required not only from the Government but also from Civil Society, affected communities, scientists, Faith Based Organizations and the Private Sector including the youth to revolutionize the HIV prevention agenda.

3. A balance needs to be struck between prevention, treatment care and support by ensuring national ownership and appropriate resourcing of the HIV responses, provision of quality sexuality education and reproductive health services, harm reduction while endeavouring to improve access to HIV commodities and affordable antiretroviral therapy. We should also embrace new scientific evidence in prevention approaches such as vaccine development, use of microbicides and enhanced HIV treatment as part of prevention.

4. It is incumbent upon all of us as citizens and development partners to demonstrate visionary leadership and responsibility to mutually account for human and financial resources deployed in HIV programmes and measure their impact in terms of the targets met and results obtained.

5. About 87% of Kenya's HIV resource envelope currently comes from external donors. Kenya and all partners are exploring innovative, domestic financing options to ensure sustainability of HIV prevention, treatment, care and support services to our people. This would go a long way in achieving at least the 15% Abuja commitment to the health sector Government financing and ensure effective HIV programming beyond universal access

6. The International Community especially the G20 countries need to meet their commitments to Overseas Development Assistance with contributions totalling 0.7 % of gross national income and replenishment of the Global Fund to fight AIDS, TB and Malaria. Such investments should be cost effective and based on evidence arising from the "know your epidemic, know your response" HIV programming.

7. In the context of the national ownership, Kenya is committed to the full integration of the multisectoral HIV response to Tuberculosis, maternal, new born, child health, sexual and reproductive health services.

We call upon the international community to invest in the development of new HIV and TB prevention and treatment technologies suitable for the most affected regions. This should include exploring options for producing essential medicines in the most affected regions and making use of the flexibilities inherent in the Doha Declaration on the TRIPS Agreement and Public Health. This is important because, as a country, we have adopted the UNAIDS vision of **"Zero new HIV infections, Zero discrimination and Zero AIDS-related deaths.**

Thank you.