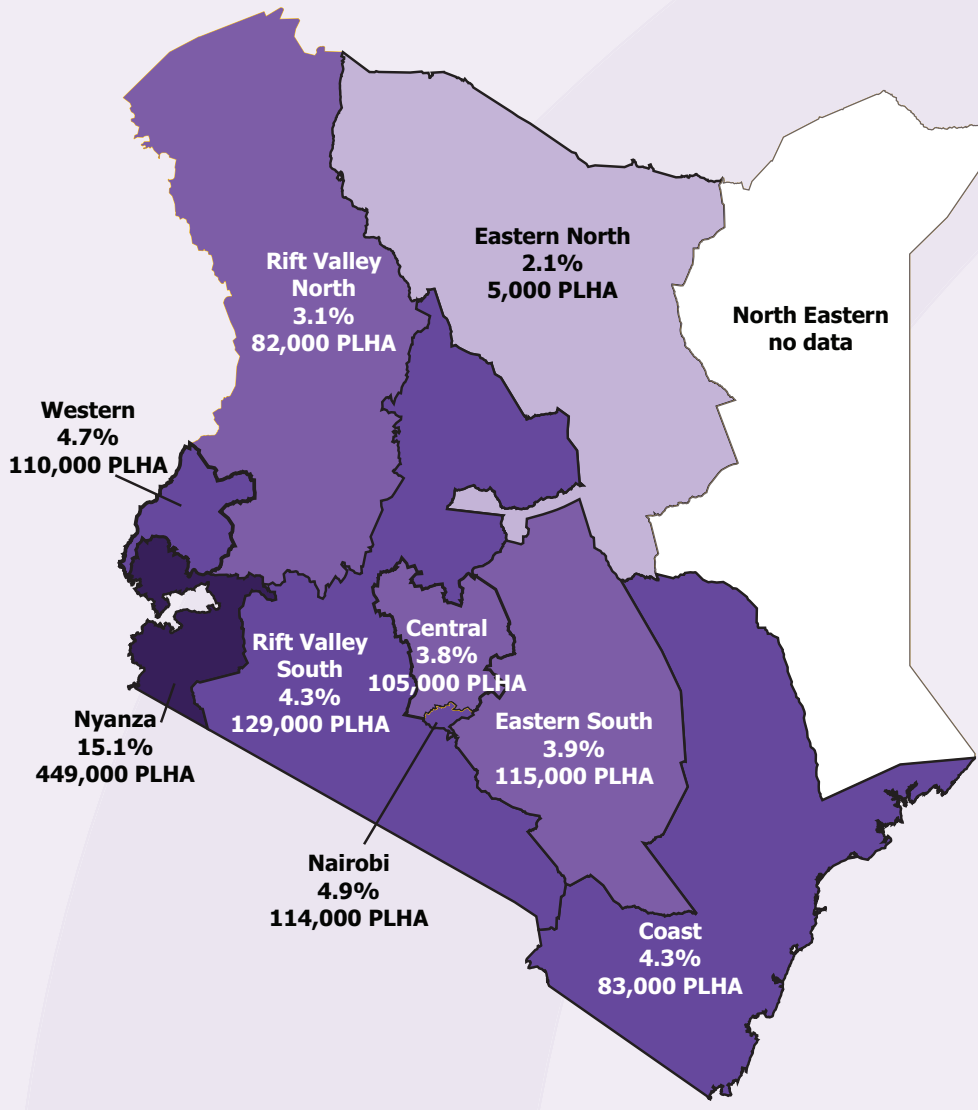


Kenya AIDS Indicator Survey (KAIS) 2012 Adult DATA SHEET

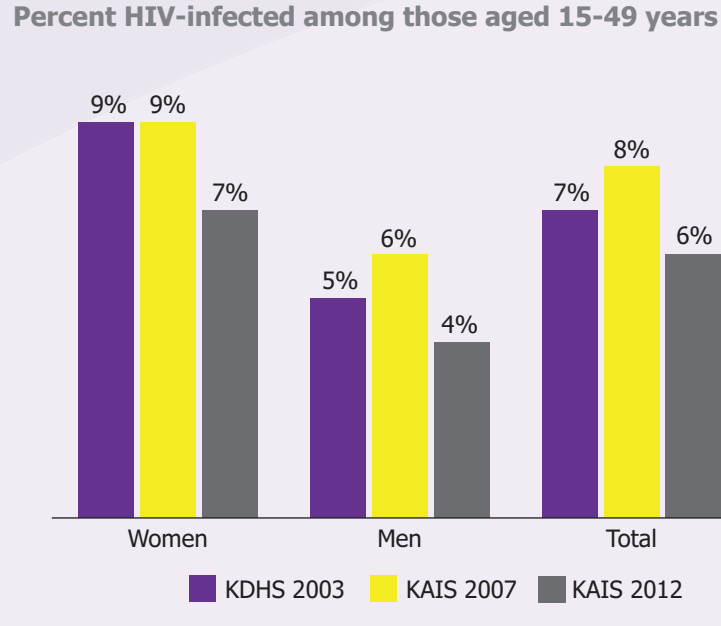


15-64 years HIV Prevalence in Kenya: 5.6% 1.2 Million People Living With HIV/AIDS

This map reflects the percentage and number of people living with HIV/AIDS (PLHA) per region. The prevalence of HIV (proportion of HIV-infected persons among the region's total population) varied greatly across the nine regions, with the lowest prevalence in Eastern North region, at 2.1%, and the highest prevalence in Nyanza region, at 15.1%. With the national HIV prevalence of 5.6%, there were an estimated 1.2 million persons aged 15-64 years living with HIV in 2012. Of these, approximately 106,000 were newly infected in the past year.

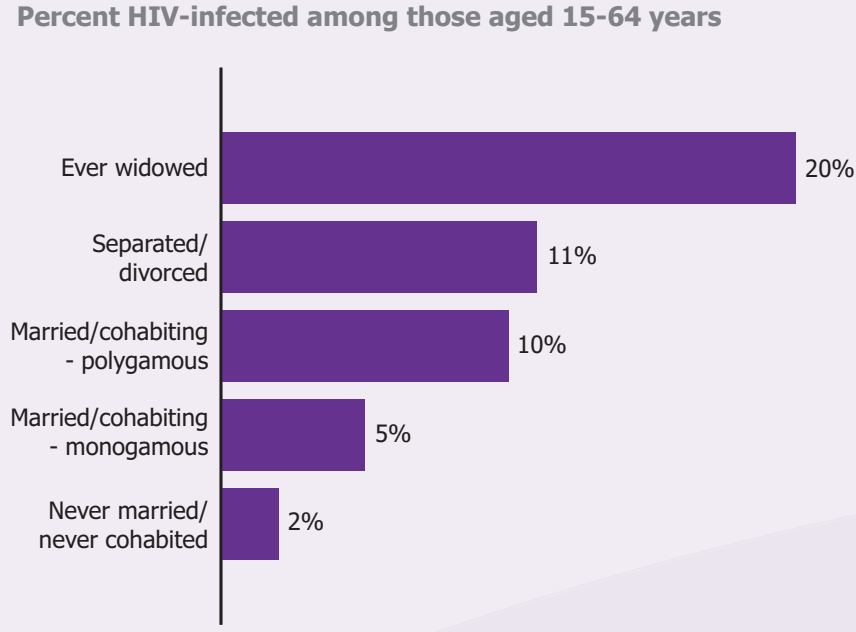
Trends in HIV Prevalence

HIV prevalence has declined between 2007 and 2012.



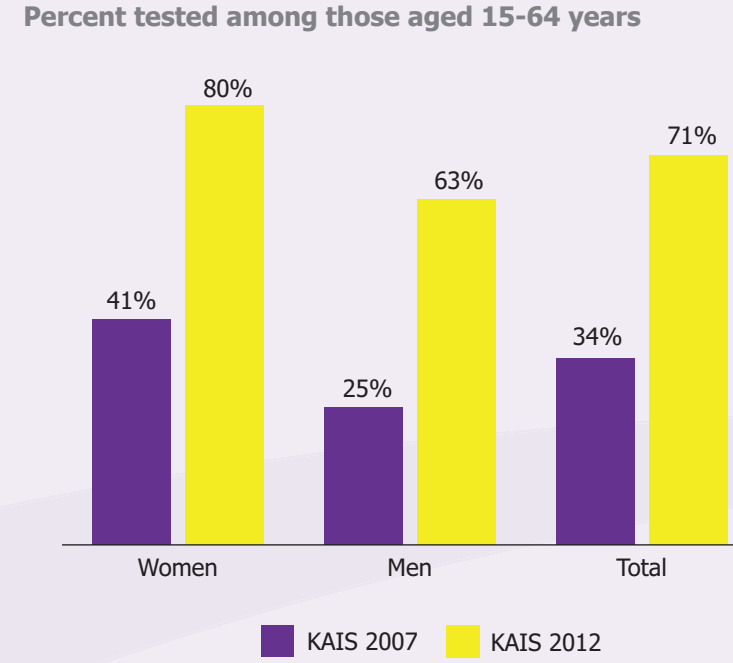
HIV Prevalence by Marital Status

HIV prevalence was highest among those who had ever been widowed.



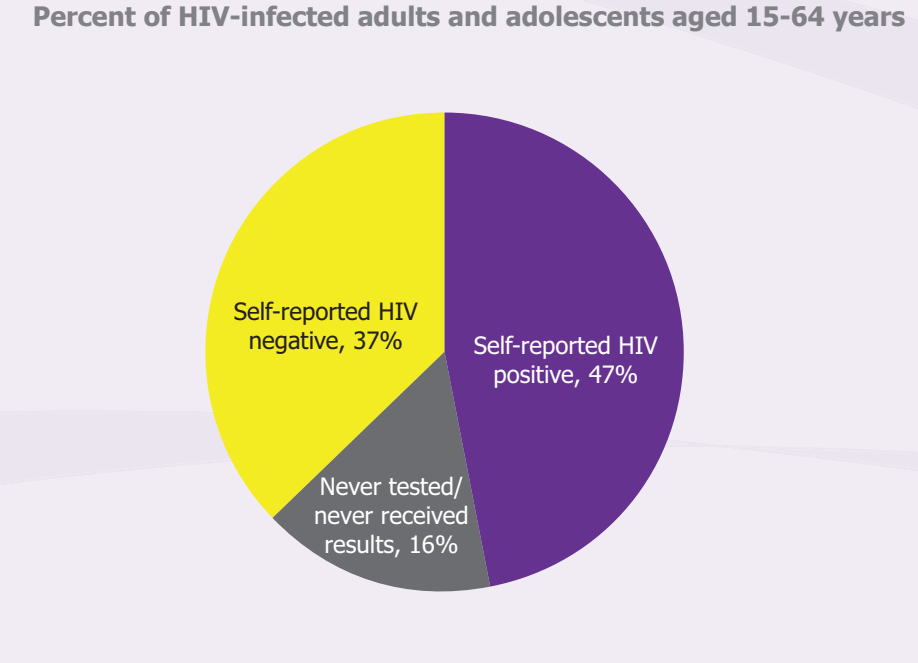
HIV Testing

The proportion who ever tested for HIV doubled from 2007 to 2012.



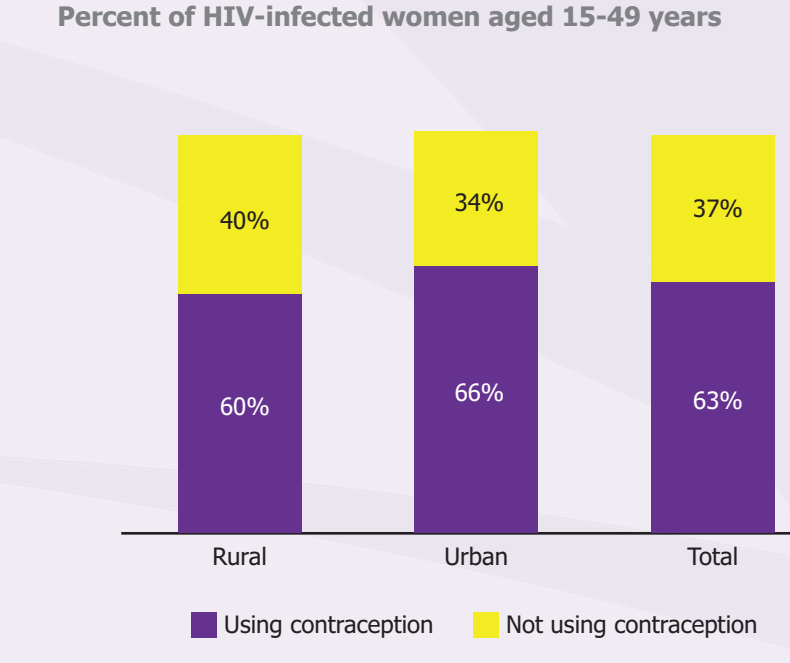
Knowledge of HIV Status

Less than half of HIV-infected adults and adolescents were aware they had HIV.



Unmet Need for Family Planning among HIV-Infected Women

Approximately 4 out of 10 HIV-infected women had an unmet need for family planning.

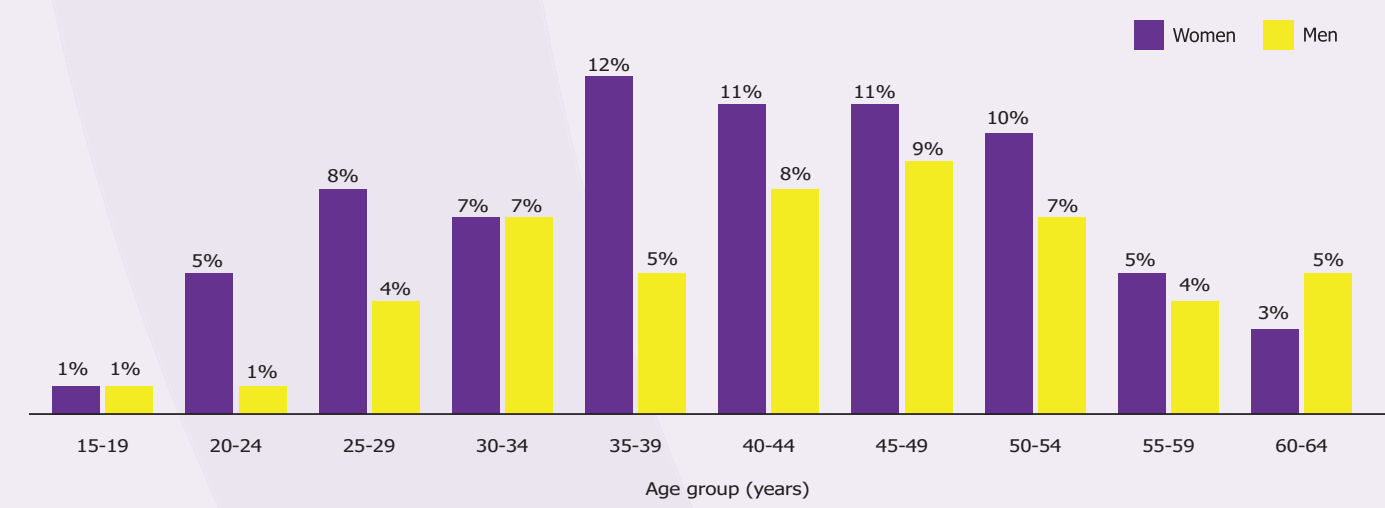


The 2012 Kenya AIDS Indicator Survey (KAIS) was a nationally representative population-based survey of adults and adolescents aged 15 to 64 years and children aged 18 months to 14 years. Nearly 14,000 women and men aged 15 to 64 years participated in this survey. The information presented within is based on the results of the adult interview and of laboratory testing of the biological specimens.

HIV Prevalence by Age Group

HIV prevalence increased with advancing age, peaking at 35-39 years among women and 45-49 years among men

Percent HIV-infected among those aged 15-64 years



Across the age groups, HIV prevalence was highest among the 35-39 years age group for women and the 45-49 years age group for men. HIV prevalence was higher among women than men for most age groups.

Selected Notes and Definitions

- Co-trimoxazole (CTX), commonly known as Septrin, is an antibiotic that if taken daily, can prevent certain bacterial and parasitic infections that cause pneumonia, diarrhea, and malaria and can prolong the lives of HIV-infected adults and children. The Ministry of Health recommends that all HIV-infected adults and children, regardless of their CD4 cell count, take co-trimoxazole daily to reduce the risk of illnesses associated with HIV/AIDS.
- Antiretroviral therapy (ART) is medicine that stops or slows HIV from multiplying in the body and slows the virus's destruction of the immune system. ART therefore can prolong the life of a person with HIV infection. Under 2011 Kenyan HIV treatment guidelines, the following HIV-infected persons are eligible for ART initiation: persons not on ART who have a CD4 count <350 cells/mL, and persons with active co-infection with tuberculosis or chronic Hepatitis B virus co-infection requiring treatment, regardless of CD4 count. A CD4 cell count indicates the strength of a person's immune system. Of note, KAIS 2012 did not measure hepatitis infection among participants; therefore this criterion could not be used to estimate ART eligibility and ART coverage.
- The estimate for women who tested for HIV at an antenatal clinic (ANC) is reported as the percentage of women who were pregnant between 2008 and 2012 and attended ANC.
- Demand for family planning is defined as the percentage of women aged 15-49 years who were married or cohabiting and wished to delay, space, or limit their next pregnancy by two years or more.
- Unmet need for family planning is defined as the proportion of women who wish to delay, space, or limit their next pregnancy by two or more years and not currently using any form of contraception.
- For all figures that compare KAIS 2007 to KAIS 2012, the North Eastern region is included in the KAIS 2007 analysis but not in the KAIS 2012 analysis.
- To understand the changes in HIV prevalence from 2003 to 2012, we compared HIV prevalence among women and men aged 15-49 years

from three national surveys: 2003 Kenya Demographic and Health Survey (KDHS), KAIS 2007, and KAIS 2012. Because the 2008-09 KDHS was implemented so close to the KAIS 2007, this survey was not included our comparison of HIV prevalence over time.

- KAIS 2012 covered 9 of the 10 National AIDS and STI Control Programme (NASCO) programmatic regions, which include the rural and urban areas of Central, Coast, Eastern North, Eastern South, Nyanza, Rift Valley North, Rift Valley South, and Western regions and the urban areas of Nairobi. The North Eastern region was excluded due to regional insecurity during the development of the sampling frame.

KAIS 2012 was supported by National AIDS and STI Control Programme (NASCO), Kenya National Bureau of Statistics (KNBS), National Public Health Laboratory Services (NPHLS), National AIDS Control Council (NACC), National Council for Population and Development (NCPD), Kenya Medical Research Institute (KenRI), U.S. Centers for Disease Control and Prevention (CDC/Kenya, CDC/Atlanta), United States Agency for International Development (USAID/Kenya), University of California, San Francisco (UCSF), Joint United Nations Team on HIV/AIDS, Japan International Cooperation Agency (JICA), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Liverpool Laboratory Counseling and Testing (LVCT), African Medical and Research Foundation (AMREF), World Bank, and Global Fund.

The development of the KAIS 2012 wall chart was supported by the National Council for Population and Development (NCPD) and the Population Reference Bureau (PRB) with support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through Cooperative Agreement AID-OAA-A-10-0009 through USAID.

KAIS 2012 was made possible by support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through cooperative agreements #P5001805, GH000069, and P5001811 through the U.S. Centers for Disease Control and Prevention (CDC), Division of Global HIV/AIDS (DGHA). This survey was also funded in part by support from the Global Fund, World Bank, and the Joint United Nations Team for HIV/AIDS.

Disclaimer: The findings and conclusions presented do not necessarily represent the official positions of the U.S. Centers for Disease Control and Prevention and the Government of Kenya.

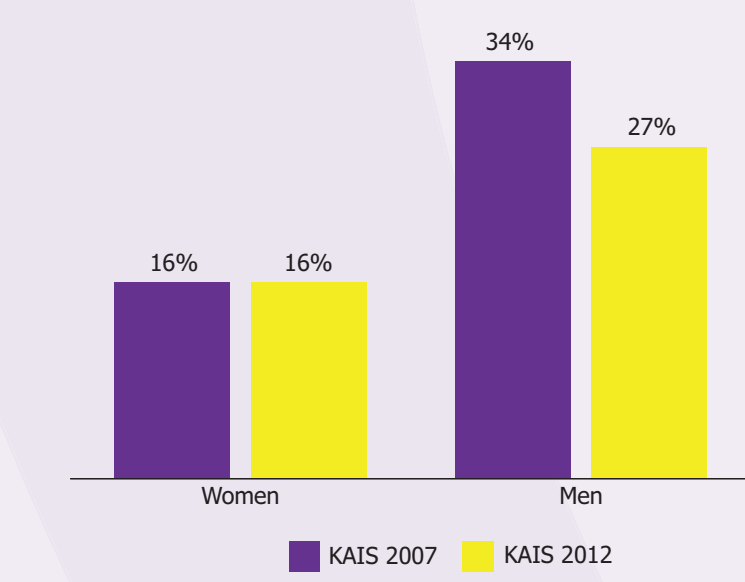
The KAIS 2012 data sheet and final report can be found online at www.nasocp.or.ke.

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Sexual Behaviours among Youth (15-24 years)

More men than women aged 15-24 years had their sexual debut before aged 15 years.

Percent of youth who had sex before age 15



Among women aged 15 to 24 years, the proportion who had sex for the first time before the age of 15 years in 2012 (16%) was similar to 2007 (16%). However, for men aged 15 to 24 years, the proportion decreased in 2012, at 27% from 34% in 2007.

Condom use at first sex was twice as high among women and men in 2012 than in 2007.

Percent who used a condom at first sex

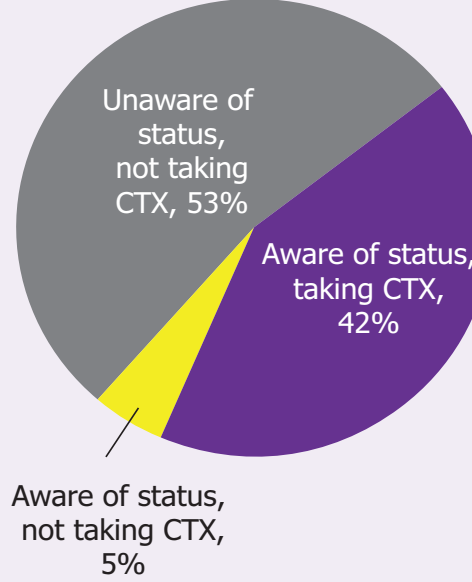


In 2012, about two-thirds of women aged 15-24 years said they used a condom the first time they had sex, while condom use at first sex was 58% for men. The proportion who reported using condoms the first time they had sex increased more than two-fold from 2007 to 2012 for both women and men.

HIV Care

More than half of those not taking co-trimoxazole were unaware they had HIV.

Percent among HIV-infected aged 15-64 years

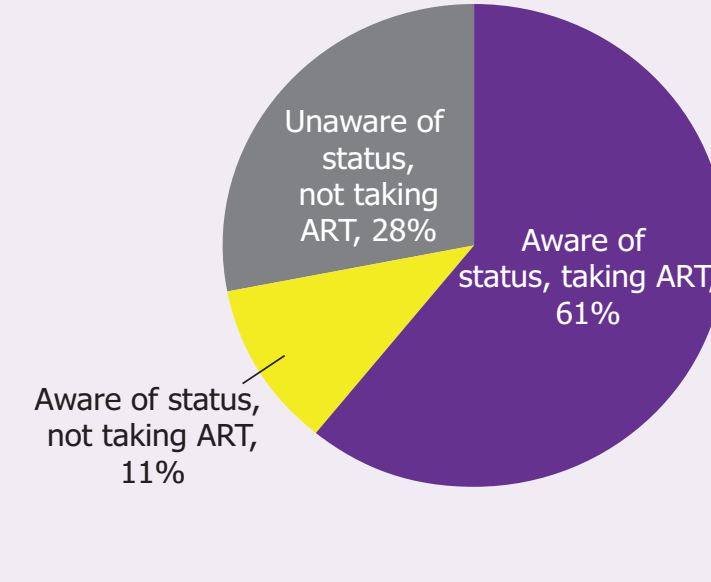


Co-trimoxazole (CTX) usage was 42% among all HIV-infected adults and adolescents aged 15 to 64 years. Among those not taking co-trimoxazole, the majority were unaware of their HIV-positive status. Co-trimoxazole coverage in KAIS 2012 was much higher than the 12% coverage in KAIS 2007.

HIV Treatment

Approximately 4 out of 10 of those who had HIV and were eligible for ART were not taking ART.

Percent among HIV-infected aged 15-64 years

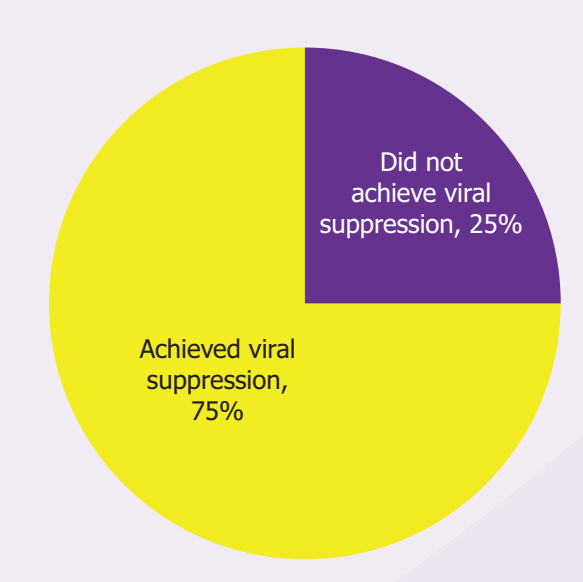


Coverage of ART among all HIV-infected adults and adolescents aged 15 to 64 years who were eligible for ART was 61%. This was a large increase from 2007, when ART coverage among those with a CD4 count <350 cells/μL was 29%. ART eligibility was based on the 2011 Kenyan guidelines for ART initiation.

Viral Load Suppression

Three-quarters of HIV-infected persons on ART achieved viral suppression.

Percent among HIV-infected aged 15-64 years on ART



Three-quarters of HIV-infected adults and adolescents aged 15 to 64 years who were currently taking ART achieved viral suppression. ART is considered successful if HIV-infected persons on ART have achieved and sustained viral suppression, defined in KAIS 2012 as an HIV RNA concentration less than 1,000 copies/mL.