

HIV transmissions in Kenya

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Background

HIV stands for Human Immunodeficiency Virus. It is a virus that attacks the body's immune system. Over time, if HIV is not treated, it can lead to a disease called AIDS (Acquired Immunodeficiency Syndrome). HIV can be passed from person to person in a few main ways: through unprotected sex, sharing needles, blood transfusions, or from a mother to her baby during birth or breastfeeding.

Kenya is one of the countries in Africa that has been deeply affected by HIV. As of 2023, about 1.4 million people in Kenya were living with HIV (UNAIDS, 2023). The rate of infection is around 4% of the adult population, which is better than it was years ago, but still too high. Some areas in western Kenya, like Homa Bay and Kisumu, have even higher rates—up to 15–20%. Young people are especially at risk. Girls and young women between 15 and 24 years old make up about 30% of new HIV infections, even though they are only about 10% of the population (NACC, 2023). This happens for many reasons. In some areas, there is not enough education about HIV. Some people are afraid to get tested because of fear or shame. In rural areas, clinics may be too far away or too expensive. Some harmful beliefs and gender roles also make it hard for women to protect themselves.

Poverty is another big reason the virus spreads. Poor people may not have enough money for condoms, transportation to clinics, or medicine. Many schools do not teach enough about how to avoid getting HIV. In addition, some people—like sex workers, people who use drugs, or men who have sex with men—face even more stigma, which makes it harder for them to get help. Even though Kenya has made progress, like providing free HIV testing and treatment, there is still more work to do. If we want to stop the spread of HIV, we need to make sure young people and those most at risk get the help, knowledge, and support they need. We also need to make sure services are easier to reach—especially in villages and poor communities.

Intervention

To help stop HIV in Kenya, this report proposes a new program called “Community-Based HIV Help Hubs.” These hubs would be set up in places where HIV is most common. The idea is simple: bring health services closer to people, and give young people the power to teach others how to protect themselves.

What Kind of Program Is This?

This program is a local community project supported by the Kenyan government, nonprofit organizations, and global health partners like PEPFAR and The Global Fund. It will focus on two main things:

1. Peer education—young people teaching other young people about HIV.
2. Mobile health clinics—vans that go into communities and provide testing, condoms, medicine, and health education.

Main Activities

1. Peer Education:

- Choose and train young leaders (ages 18–24) in areas with high HIV rates.
- Teach them how to talk to others their age about safe sex, HIV testing, and how to prevent infection.
- Use social media apps like WhatsApp, TikTok, and Facebook to spread facts about HIV in fun and easy ways.
- Have peer educators visit schools, markets, and churches to talk with people.
- Give out free condoms and information, and help people get tested.

2. Mobile Clinics:

- Drive into villages and towns where people have little access to clinics.
- Offer free HIV testing, medicine (like PrEP and ART), and counseling.
- Also provide other services like STI testing, birth control, and mental health support.
- Use GPS and local data to find out which areas need the most help.

Who Will Be Involved?

- The Kenyan Ministry of Health will organize and manage the project.
- County governments will support it with local funding and help with transportation.

- Nonprofits like AMREF and CMMB will help train workers and run the mobile clinics.
- Global partners like PEPFAR and The Global Fund will give money and supplies.
- Young people, especially those trained as peer educators, will play a big role in reaching others.

Possible Problems

- Some people might not want to talk about sex or HIV because of cultural or religious beliefs.
- There is still a lot of shame and stigma around HIV in some places.
- The program may depend too much on donor funding, which could change in the future.
- Some people may not return for follow-up care or continue their medicine.

To deal with these problems, the program will work closely with community and religious leaders to help reduce stigma. It will also provide free services, reward peer educators with small payments, and keep track of people to make sure they stay in care.

Expected Impact

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Short-Term Goals

- Train at least 500 peer educators within the first year.
- Reach 100,000 young people with HIV education and prevention tools.
- Offer free testing to 200,000 people and give out 300,000 condoms.
- Start 10,000 people on PrEP (to prevent infection before it happens).
- Help all people who test positive get free HIV treatment.

Long-Term Goals

- Lower new HIV infections in targeted areas by 30% within three years.
- Help people start treatment earlier so they stay healthy longer.