

The *HIV/AIDS* Millennium Development Goal

What water, sanitation and hygiene can do
in **East Africa**

The Millennium Development Goals

In September 2000, the United Nations Millennium Summit agreed a set of time-bound and measurable goals aimed at combating poverty, hunger, illiteracy, environmental degradation and discrimination against women.

The sixth Millennium Development Goal (MDG) is to combat HIV/AIDS, Malaria and other diseases. The target is to halt and begin to reverse the spread of HIV/AIDS, malaria and other diseases by the year 2015.



Headline facts

- *HIV/AIDS and Impact Mitigation*
Health education coupled with improved access to water, sanitation and hygiene ensures hygiene related opportunistic infections, such as diarrhoea and skin problems, are minimized leading to improved quality of life for people living with HIV/AIDS.
- *HIV/AIDS and the Household Economy*
Increased access to sustainable water sources near households reduces the time and effort spent looking for water by families taking care of people living with HIV/AIDS. The time saved can be invested productively by the families to do other things e.g. cultivating crops for improved nutrition.
- *HIV/AIDS and Home-Based Care*
Increased access to safe water, sanitation and hygiene among households and families makes implementation of home-based care easier as there is enough potable water to maintain personal and domestic hygiene.
- *HIV/AIDS and Health Care Delivery*
The integration of water, sanitation and hygiene into home-based care programmes helps to control opportunistic infections and so reduces the cost of coping with HIV/AIDS.



HIV/AIDS in East Africa at a glance

The facts

- HIV/AIDS is a serious health and development problem in Kenya, Uganda and Tanzania. In Kenya, for example, over 2.2 million people are living with HIV and more than one million children have been orphaned by HIV/AIDS.
- HIV/AIDS is one of the leading causes of deaths in Uganda with about 2.4 million people in the country estimated to be HIV positive. By 1999, there were more than 1.77 million orphans in the country (WHO AFRO, 2001).
- Between 1990 and 2010, AIDS will cause an increase in the crude death rate of more than 50% in Tanzania; life expectancy is set to drop by 20%, averaging at 46 years by 2010. Between fifty to sixty thousand Tanzanians are born HIV positive each year.
- The high prevalence of HIV/AIDS in Kenya, Uganda and Tanzania is causing unprecedented demand for health care services.

Impact Mitigation of HIV/AIDS

The facts

- Forty per cent of deaths rendering children orphans in Tanzania are related to HIV/AIDS. In the same country, one third of children have lost one parent while in the rural areas one in ten have lost both parents.
- In Tanzania, HIV/AIDS has had a devastating impact on some labour industries. HIV/AIDS related medical costs for the Tanzania – Zambian Railway Authority workers for example, rose by 63% in one year.
- The increasing number of orphans, and increasingly overstretched family, community and social support structures, are likely to escalate child labour (as well as exposing these orphans to other abuses) in the East Africa countries.
- Home-based care for people living with AIDS is one of the important strategies adopted to ease integration of people living with HIV/AIDS into communities and facilitate a reduction in the stigma associated with it.

Why water, sanitation and hygiene?

- Access to safe water, sanitation and hygiene are critical in reducing susceptibility to opportunistic infections among HIV positive infants and other members of the communities.
- The integration of water, sanitation and hygiene with HIV/AIDS interventions, in line with the principles of multi-sectoral response to HIV/AIDS in East Africa, is essential in managing opportunistic infections particularly in home-based care programmes. Accessible water and sanitation facilities allow care-givers to devote ample time to caring for people living with HIV/AIDS.
- Access to safe water reduces the vulnerability of women and children to incidents such as rape, which could result in infection with HIV and consequent progression to AIDS.

HIV/AIDS and Household Economy

The facts

- More than 50% of the Kenyan population lives below the poverty line. As such, the financial cost of caring for people living with HIV/AIDS will for many families consume a significant proportion of total household income.
- Studies in parts of East Africa indicate that the economic impact of HIV-related deaths is greater than other types of deaths since households use much of their savings to pay for health care and funeral expenses.
- An Studies have shown that in families where there is a parent suffering from AIDS, children are regularly withdrawn from school due to lack of fees and also to provide care for their sick parent(s).

A study conducted by Food Agricultural Organization (FAO) involving 1,133 households in Kampala, Uganda found that 47% of households with orphans did not have enough money to send children to school.

Why water, sanitation and hygiene?

- Increased access to water, sanitation and hygiene by households and communities facilitates initiation of agricultural activities which supplement household food supply. The extra produce can be sold to generate income to meet other household needs.
- In informal settlements where communities spend significant amounts of money buying water, the provision of reliable water supplies at an affordable price will result in substantial household savings, especially benefiting families affected by HIV/AIDS.

HIV/AIDS and Home-Based Care

The facts

- Most children with AIDS die of ordinary diseases like malaria, diarrhoea and acute respiratory infections. These could be addressed more effectively within the home environment particularly when strategies such as home-based care and Integrated Management of Childhood Illnesses (IMCI) are used.
- A comparative study of the cost of health care provision at hospital and in the home indicated that home-based care for people living with AIDS is almost five times cheaper than hospital-based care.
- Orphans due to HIV/AIDS are increasing in Kenya, Uganda and Tanzania and community social support structures are unlikely to cope with the demand for their care.

Why water, sanitation and hygiene?

- Increased access to safe water is essential for people living with HIV/AIDS, who need extra water for drinking and personal hygiene in order to remain healthy.
- Improved provision of water, sanitation and hygiene services, especially among the rural and peri-urban poor where there is high concentration of people living with HIV/AIDS, will help to improve their quality of life.
- Improved access to safe water, sanitation and hygiene is critical for the hygienic preparation of supplementary feeds for HIV positive infants.
- The integration of hygiene and sanitation promotion into home-based care enhances effective management of opportunistic infections for the sick reducing the burden of care on health facilities.



HIV/AIDS and Health Care Delivery

The facts

- Current trends in HIV/AIDS in Kenya, Uganda and Tanzania indicate that the pandemic will have a major impact on service delivery in all sectors of the economy since the loss of experienced personnel cannot be replaced.
- In Uganda it is projected that AIDS will reduce the labour force by 12% by the year 2010, a loss of 2,000,000 people.
- In Kenya the HIV/AIDS pandemic has the potential for consuming up to 50% of public health resources (MoH, 1999).
- In resource poor countries, poor nutrition, sanitation and limited access to safe water reduces people's chances of remaining healthy, especially if HIV has compromised their immune systems, accelerating progression to full blown AIDS (AVERT, 2005).

Why water, sanitation and hygiene?

- Improved water supply, sanitation and hygiene enhance the quality of hospital care given to people living with HIV/AIDS reducing the possible spread of hygiene related infections.
- Drinking plenty of safe water replaces fluids lost through AIDS-related diarrhoea. This allows HIV/AIDS victims to remain healthy for as long as possible.
- Provision of safe and reliable water supply makes it easier for health care workers to practice hygienic nursing care for HIV/AIDS patients.

What is Being Done to Address the Pandemic in East Africa?

The facts

- There is an increasing emphasis on home-based care for people living with HIV/AIDS to minimize medical and related costs.
- Improved access to safe water and sanitation for the poor, who are also the most affected by HIV/AIDS, has been prioritised.
- Water, sanitation and hygiene are increasingly integrated into HIV/AIDS interventions.
- The promotion of health activities in schools incorporates dimensions of access to water, sanitation and hygiene.
- Increased cultivation of vegetables and fruits using available water promotes appropriate nutrition and generates income to boost household economies.



This Country Note focuses on the inter-linkages between HIV/AIDS and water, sanitation and hygiene in the East African countries of Kenya, Uganda and Tanzania.

Though there are few documented examples of the impact of water supply, sanitation and improved hygiene on the lives of people living with HIV/AIDS, the impact on health and the quality of care of the sick is known and can be applied to HIV/AIDS.

Key references

- AVERT, (2005). *HIV & AIDS in Uganda*. Available at: <http://www.avert.org/aidsuganda.htm>
- Ministry of Health Kenya, (1999). *National Health Sector Strategic Plan 1999 – 2004*. Health Sector Reform Secretariat, Government Press, Kenya.
- Ministry of Health Kenya, (2001). *AIDS in Kenya – Background, Projections, Impact, Interventions, Policy*. 6th Edition. National AIDS and Sexually Transmitted Disease (STD) Control. Nairobi, Kenya.

This Country Note is based on the WELL Millennium Development Goal Global Briefing Note series. These and other Country Notes are available at: <http://www.Lboro.ac.uk/well/>

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Photographs by David Mutethia

Country Note compiled by:
Gerald Rukunga, David Mutethia and
Titus Kioko, AMREF Kenya

Editor: Frank Odhiambo, WEDC

For further information, contact:
Gerald Rukunga
African Medical and Research Foundation
(AMREF) Kenya,
P.O. Box 30125 – 00100 GPO
Langata Road, Wilson Airport,
Nairobi, Kenya
Phone: +254 20 601593
Fax: +254 20 602531
Email: rukungag@amrefke.org

WELL
Water, Engineering and Development
Centre (WEDC)
Loughborough University
Leicestershire LE11 3TU UK
Email: WELL@Lboro.ac.uk
Phone: 0 (44) 1509 228304
Fax: 0 (44) 1509 211079
Website: <http://www.Lboro.ac.uk/well/>



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