

# We need innovation to mitigate the unseen impact of COVID-19 on HIV/AIDS



As we inch towards the end of what has been quite a 'long' year, Kenya finds itself once again in the throes of surging Covid-19 cases in what some have referred to as the 'second wave' of Covid-19. The direct impact of the pandemic has intensified with each passing day, with the loss of human life, including those at the frontlines of fighting the pandemic. According to the World Health Organisation (WHO) statistics, Kenya's doctor-patient ratio stood at [1.57 per 10,000 population](#) in 2018, significantly below the WHO threshold of 10 medical doctors per 10,000 population. Losing over 20 doctors and health workers in a span of 9 months is a huge toll to an already over-burdened health system.

Beyond the immediately visible impact, the pandemic presents other insidious health threats whose adverse effect will continue being felt in the days to come. With the increase in Covid-19 cases being managed at health facilities, people living with HIV/AIDS and other chronic ailments who need regular access to life-saving care and treatment may increasingly find it difficult to access these services. This will likely manifest later in form of excess mortality, a term used in public health to refer to the number of deaths from all causes during a crisis above and beyond the expected deaths without the crisis. The Global Fund to Fight AIDS, TB and Malaria has estimated [there could be over 500,000 AIDS-related deaths in sub-Saharan Africa by end of 2021](#), due to HIV treatment disruptions. The gains Kenya has made in reducing mother-to-child HIV transmission could also be reversed, as more women opt for home deliveries for lack of access to health facilities or for fear of contracting Covid-19 at the health facilities. This may manifest later in increased HIV infections.

The global investments made in the fight against HIV/AIDS mean that those infected can lead near-normal lives with consistent care and treatment. This is dependent on uninterrupted access to anti-retroviral medicine (commonly referred to as ARVs), as well as care and treatment for any opportunistic infections. Even before the Covid-19 crisis, treatment coverage in Kenya was short of the 90% target by 2020. For instance, according to UNAIDS, in 2018 [only 69% all adults aged 15 years and over living with HIV in Kenya were on treatment. While the Government, along with partners such as the Global Fund to Fight AIDS, TB and Malaria have been working to put more people on treatment](#), this is an uphill battle with the country's constrained resources.

On this World AIDS day, innovation could be key towards ensuring that the gains made with the previous investments are not rolled back by the Covid-19 pandemic. Kenya has long been touted as an African leader in technological innovation; it is time to deploy

similar innovations to safeguard the gains in the fight against HIV/AIDS. For the patients who are immunocompromised, going to hospital may enhance their risk of contracting Covid-19; we must therefore explore other channels to ensure that care and treatment gets to them safely. Some countries have already adjusted regulations to increase quantities of ARVs dispensed to self-managing HIV/AIDS patients through multi-month scripting in order to minimize the frequency of their hospital visits. Also, just as technology has made retail function seamlessly in our cities, similar solutions should be deployed to ensure that essential HIV/AIDS commodities get to those who need them. It also means leaning more on virtual care channels and smartphone symptom checkers to provide consultation where patient examination is not required. Community outreach by health workers could be a powerful tool to complement the virtual delivery channels where patient examination is necessary. Private sector, partnering with the government can bring some of these innovations to bear. This should be done with uncompromising patient data and privacy protection.

With the continued disruption of global supply chain and logistics systems, we must innovate to ensure continued access to ARVs for those on treatment. This means national stockpiling to safeguard against outage, improving the processes for ordering and procuring commodities, and building buffer stock at all levels. To ensure that patients who live in hard-to-reach areas are not affected by the reduced movement of commodities, drone and other delivery technologies could be deployed where appropriate.

Importantly too, our national leaders must ensure that beyond the funding that is directly channelled to fight the pandemic, the resources required to maintain services for those who need HIV/AIDS care and treatment are safeguarded, if not scaled up.

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