

KENYA



The President's Malaria Initiative (PMI)

Malaria prevention and control is a major U.S. foreign assistance objective, and PMI's strategy fully aligns with the U.S. Government's vision of ending preventable child and maternal deaths and ending extreme poverty. Under the PMI Strategy for 2015–2020, the U.S. Government's goal is to work with PMI-supported countries and partners to further reduce malaria deaths and substantially decrease malaria morbidity, toward the long-term goal of elimination.

Country Context

With about 42 ethnic groups, Kenya is culturally diverse and boasts a vibrant culture. However, this diversity has also been a source of conflict, particularly following the 2007 presidential elections. From 2008 through 2013, health services in Kenya were provided through two ministries. Following the 2013 elections, the two health ministries were reunited as a single Ministry of Health with service delivery provided through a hierarchy of healthcare levels. Functions important to malaria control programs, such as health services management, communicable and vector-borne disease control and management, and environmental health services, have since been transferred to the county level.

Malaria remains a major public health problem in Kenya and accounts for an estimated 18 percent of outpatient consultations and 10 percent of hospital admissions. Malaria transmission and infection risk in Kenya are determined largely by altitude, rainfall patterns, and temperature, which leads to considerable variation in malaria prevalence by season and across geographic regions. An estimated 28 million people live in endemic areas, and another 12 million live in areas of epidemic and seasonal malaria. All four species of *Plasmodium* that infect humans occur in Kenya. *Plasmodium falciparum*, which causes the most severe form of the disease, is the most common, accounting for more than 99 percent of infections.

Kenya has made significant progress in the fight against malaria. The Government of Kenya places a high priority on malaria control and tailors its malaria control efforts according to malaria risk to achieve maximum impact. Recent household surveys show improvements in coverage with malaria prevention and treatment measures and reductions in malaria parasitemia and illness. The mortality rate in children under five years of age has declined by 55 percent, from 115 deaths per 1,000 live births in the 2003 Kenya Demographic and Health Survey (DHS) to 52 deaths per 1,000 live births in the 2014 DHS.

Progress to Date

The following table provides information on the major indicators used by PMI to measure progress in malaria prevention and treatment activities in Kenya.

Kenya Malaria Indicators	PMI Baseline	DHS 2009	MIS 2010*	DHS 2014	MIS 2015
All-cause under-five mortality rate	115/1,000 (DHS 2003)	74/1,000	–	52/1,000	–
Proportion of households with at least one ITN	48% (MIS 2007)	56%	48%	59%	63%
Proportion of children under five years old who slept under an ITN the previous night	39% (MIS 2007)	47%	42%	54%	56%
Proportion of pregnant women who slept under an ITN the previous night	40% (MIS 2007)	49%	41%	51%	58%
Proportion of women who received two or more doses of intermittent preventive treatment for pregnant women (IPTp) during their last pregnancy in the last 2 years	13% (MIS 2007)	14%	25%	39%	56%

* MIS - Malaria Indicator Survey

AT A GLANCE

Population (2016):
46.8 million¹

Population at risk of malaria (2014): **100%²**

Malaria incidence/1,000 population at risk (2013): **266³**

Under-five mortality rate (2014): **52/1,000 live births⁴**

1 U.S. Census Bureau, International Data Base 2015

2 WHO, *World Malaria Report 2015*

3 WHO, *World Health Statistics 2016*

4 Demographic and Health Survey (DHS) 2014

PMI Contributions Summary

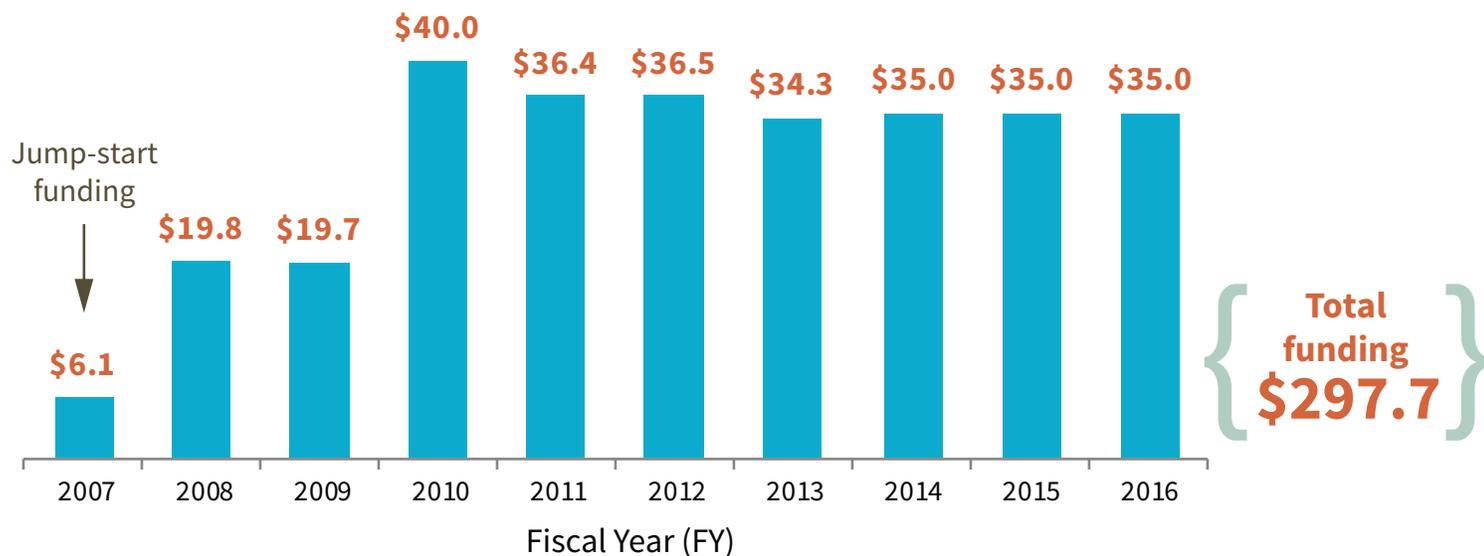
Kenya is currently in its ninth year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being scaled up, and vital commodities are being distributed to vulnerable populations. The following table shows PMI contributions for fiscal year 2015 and cumulatively across the key intervention areas.

		PMI CONTRIBUTIONS ¹	FY 2015	CUMULATIVE
Insecticide-treated Nets		ITNs procured	5,100,000	13,914,195
		ITNs distributed	2,127,033	8,063,024
Rapid Diagnostic Tests		RDTs procured	6,400,000	12,340,600
		RDTs distributed	500,000	9,258,320
Artemisinin-based Combination Therapy		ACTs procured	2,880,000	50,784,214
		ACTs distributed	10,350,990	47,033,435
Sulfadoxine-pyrimethamine		SP treatments procured	0	840,000
		SP treatments distributed	0	840,000
Health Workers		Health workers trained in malaria diagnosis	110	n/a ²
		Health workers trained in IPTp	5,895	n/a ²

1 The data reported in this table are up-to-date as of September 30, 2015. Please refer to Appendix 2 of the [2016 PMI Annual Report](#) for year-by-year breakouts of PMI contributions.

2 A cumulative count of individual health workers trained is not provided since some health workers have been trained on more than one occasion.

PMI Funding (in millions)



For details on FY 2016 PMI activities in Kenya, please see the [Kenya Malaria Operational Plan](#).



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U.S. President's Malaria Initiative