

KENYA



AT A GLANCE

Population (2017):
49.7 million¹

Population at risk of malaria
(2016): **100%²**

Malaria incidence/1,000
population at risk (2015): **166³**

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

1 World Bank, Population Estimates & Projections 2017

2 World Health Organization (WHO), *World Malaria Report 2017*

3 WHO, *World Health Statistics 2017*

4 Demographic and Health Survey (DHS) 2014

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 boasts a vibrant and diverse culture. Under the 2010 constitution, the country has devolved many health functions to the 47 counties, including health service delivery and management, communicable and vector-borne disease control and management, and environmental health services. The national level continues to handle health policy, national referral health facilities and reference laboratories, health commodity procurement for large donor-funded programs including malaria, capacity building, and technical assistance. The two levels share responsibility for health financing, health information systems, disease surveillance, and monitoring and evaluation.

Malaria remains a major public health problem in Kenya and accounts for an estimated 16 percent of outpatient consultations. 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. Approximately 70 percent of the population is at risk for malaria, with 14 million people in endemic areas, and another 17 million in areas of epidemic and seasonal malaria. All four species of *Plasmodium* parasites that infect humans occur in Kenya. The parasite *Plasmodium falciparum*, which causes the most severe form of the disease, accounts 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. With support from PMI, the Global Fund, and other partners, the Ministry of Health's National Malaria Control Program has been able to show improvements in coverage of malaria prevention and treatment measures. Recent household surveys show a reduction in malaria parasite prevalence from 11 percent in 2010 to 8 percent in 2015 nationwide, and from 38 percent in 2010 to 27 percent in 2015 in the endemic area near Lake Victoria. 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%	17%	35%

* MIS - Malaria Indicator Survey

PMI Contributions Summary

Kenya is currently in its eleventh 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 2017 and cumulatively across the key intervention areas.

		PMI CONTRIBUTIONS ¹	FY 2017	CUMULATIVE
Insecticide-treated Nets		ITNs procured	3,325,000	19,739,195
		ITNs distributed	1,818,276	13,157,820
Indoor Residual Spraying		Houses sprayed	212,029	n/a ³
		Residents protected	906,388	n/a ³
Rapid Diagnostic Tests		RDTs procured	0	23,640,600
		RDTs distributed	7,985,100	23,379,370
Artemisinin-based Combination Therapy		ACTs procured	3,000,000	58,446,664
		ACTs distributed	3,694,260	54,925,445
Sulfadoxine-pyrimethamine		SP treatments procured	0	2,509,667
		SP treatments distributed	850,000	1,690,000
Health Workers		Health workers trained in malaria diagnosis	149	n/a ²
		Health workers trained in IPT ²	6,808	n/a ²

1 The data reported in this table are up-to-date as of September 30, 2017. Please refer to Appendix 2 of the [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 2018 PMI activities in Kenya, please see the [Kenya Malaria Operational Plan](#).