

Country Profile | President's Malaria Initiative (PMI)

KENYA

April 2010



At a Glance: Kenya

Population – 2010: 40 million¹

Life expectancy at birth – 2010:
58 years (male), 59 years (female)¹

Population at risk of malaria – 2008:
76%²

Under-5 mortality rate – 2008:
128/1,000, or approximately 1 in 8
children die before their fifth
birthday³

¹ US Census Bureau, International Data Base 2010

² WHO World Malaria Report 2009

³ UNICEF State of the World's Children 2009

Background

Malaria is a major public health problem in Kenya. The malaria burden and transmission patterns vary across the country, from highly endemic to epidemic-prone. Malaria is reported to be one of the leading causes of death of children under the age of five.

The President's Malaria Initiative (PMI)

Kenya is one of the 15 original countries benefiting from PMI, which was launched in 2005 and is led by the U.S. Agency for International Development and implemented together with the Centers for Disease Control and Prevention. As a key component of President Obama's Global Health Initiative and with the Lantos-Hyde Act of 2008, PMI's funding has been extended through fiscal year (FY) 2014, and a new six-year malaria strategy has been developed. Under the new strategy, the goal of PMI is to work with partners to halve the burden of malaria in 70 percent of the at-risk populations in sub-Saharan Africa (approximately 450 million residents), thereby removing malaria as a major public health problem and promoting development throughout the African region.

PMI works with national malaria control programs and coordinates its activities with national and international partners, including the Roll Back Malaria Partnership; The Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Health Organization; the World Bank; Malaria No More; the Bill and Melinda Gates Foundation; nongovernmental organizations, including faith-based and community groups; and the private sector.

Key Interventions

In line with Kenya's national malaria control strategy, PMI supports four key interventions to prevent and treat malaria:

- **Insecticide-treated mosquito nets (ITNs):** Sleeping under a long-lasting ITN provides protection from malaria-carrying mosquitoes. The nets are nontoxic to humans, but can repel and kill mosquitoes for up to three years.
- **Indoor residual spraying (IRS):** IRS involves the coordinated, timely spraying of the inside walls of houses with insecticides. Mosquitoes are killed when they land on these sprayed walls, reducing malaria transmission.
- **Intermittent preventive treatment for pregnant women (IPTp):** IPTp is a highly effective means of reducing the serious consequences of malaria in both the pregnant woman and her unborn child, which include maternal anemia and low birthweight babies. IPTp consists of the administration of at least two doses of the antimalarial drug sulfadoxine-pyrimethamine (SP) given not less than one month apart during the second and third trimesters of pregnancy. In most countries, SP needs for IPTp are being met by national governments and other donors.

- **Diagnosis and treatment:** Effective case management of malaria depends on early, accurate diagnosis with microscopy or rapid diagnostic tests and prompt treatment with an effective drug. Artemisinin-based combination therapies (ACTs) are the recommended first-line treatment for uncomplicated *Plasmodium falciparum* malaria in most malaria-affected regions of Africa, and are extremely effective against malaria parasites and have few or no side effects.

Progress to Date

Kenya is in its third year as a PMI focus country. With support from PMI and its partners, malaria control interventions are being implemented, and vital commodities are being distributed to vulnerable populations.

PMI-Supported Activities	2007	2008	2009	Cumulative
IRS: Houses sprayed ¹	1,171,073	764,050	517,051	-
IRS: Residents protected ¹	3,459,207	3,061,967	1,435,272	-
ITNs: Procured	-	60,000	1,240,000	1,300,000
ITNs: Distributed	-	60,000	550,000	610,000
SP Treatments: Procured	-	-	840,000	840,000
SP Treatments: Distributed	-	-	840,000	840,000
ACTs: Procured	-	1,281,720	7,804,800	9,086,520
ACTs: Distributed	-	1,281,720	6,015,360	7,297,080
Health workers trained in IPTp use ²	-	-	5,107	-
Health workers trained in ACT use ²	-	-	4,747	-
Health workers trained in diagnostics ²	-	-	-	-

¹ A cumulative count of the number of houses sprayed and people protected is not provided since some areas have been sprayed on more than one occasion.
² A cumulative count of individual health workers trained is not provided since some health workers have been trained on more than one occasion.

Impact

Kenya experienced a substantial reduction in all-cause under-five mortality, from 115 deaths per 1,000 in 2003 to 74 per 1,000 in 2008. Although several factors may be involved, it is highly likely that this dramatic reduction is due at least in part to rapid increases in the coverage of malaria interventions. In several sites where outpatient data on malaria have been monitored over several years, the number of clinical malaria cases has declined sharply. Similarly, on the coast of Kenya, hospitalizations due to clinical malaria declined in the range of 28 to 63 percent over the period of 1999–2007, while nonmalaria admissions were unchanged. Progress has been achieved as a result of a comprehensive scale-up of malaria control and prevention measures, especially widespread distribution of ITNs, expanding and improving the IRS program, and increasing availability of effective antimalarial drugs.

PMI Funding

The proposed FY 2010 PMI budget for Kenya is \$ 40 million. Of this amount, 39 percent will support procurement and distribution of ITNs, 27 percent will be used to improve case management and purchase ACTs, and 18 percent will support IRS-related activities. Approximately 5 percent will support IEC/BCC cross-cutting activities, 5 percent will support monitoring and evaluation, and 2 percent will support malaria in pregnancy activities. Approximately 58 percent of the total budget will be spent on commodities.

	FY 2007 Jump start funds	FY 2008	FY 2009	FY 2010
Budget	\$6.1 million	\$19.8 million	\$19.7 million	\$40 million

For details on FY 2010 PMI activities in Kenya, please see the **Kenya Malaria Operational Plan:**
http://www.pmi.gov/countries/mops/fy10/kenya_mop-fy10.pdf.

