

## Country Profile | President's Malaria Initiative (PMI)

# KENYA

April 2009



### At a Glance: Kenya

Population - 2009: 39.0 million<sup>1</sup>

Life expectancy at birth - 2009:  
57 years (male), 58 years (female)<sup>1</sup>

Population at risk of malaria - 2006:  
76% (36% high, 40% low  
transmission)<sup>2</sup>

Under-5 mortality rate - 2007:  
121/1,000, or approximately 1 in 8  
children<sup>3</sup>

<sup>1</sup> US Census Bureau, International Data Base 2009

<sup>2</sup> WHO World Malaria Report 2008

<sup>3</sup> 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.

Kenya is one of 15 countries benefiting from the President's Malaria Initiative (PMI), a five-year, \$1.2 billion program led by the U.S. Agency for International Development (USAID) and implemented together with the Centers for Disease Control and Prevention (CDC).

### Goal

The goal of PMI is to cut malaria deaths by 50 percent in 15 countries in Africa by reaching 85 percent of the most vulnerable groups – principally pregnant women and children under the age of five – with lifesaving prevention and treatment measures.

PMI coordinates with National Malaria Control Programs (NMCPs) and international partners, including the World Health Organization (WHO); the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank Malaria Booster Program; the Roll Back Malaria partnership; the Bill and Melinda Gates Foundation; nongovernmental organizations, including faith-based and community groups; and the private sector.

### Key Interventions

In support of Kenya's NMCP, PMI backs four key intervention strategies to prevent and treat malaria:

- Insecticide-treated mosquito nets (ITNs)
- Indoor residual spraying with insecticides (IRS)
- Intermittent preventive treatment for pregnant women (IPTp)
- Diagnosis of malaria and treatment with artemisinin-based combination therapy (ACT)

### Results to Date

Kenya is in its second year as a PMI focus country. Malaria control interventions are already being implemented, and vital commodities are being distributed to vulnerable populations.

**Insecticide-treated mosquito nets:** Sleeping under a long-lasting ITN provides protection from malaria-carrying mosquitoes. The nets are nontoxic to humans, last up to three years, and do not need re-treatment with insecticide. The policy of the Government of Kenya is to distribute long-lasting ITNs free to pregnant women at antenatal clinics and to children under the age of one. Since Kenya became a PMI focus country, PMI has donated 60,000 long-lasting ITNs to replace nets that were too worn to be re-treated during the national net re-treatment campaign in October 2008.

**Indoor residual spraying:** IRS involves the coordinated, timely spraying of the inside walls of homes with insecticides. Mosquitoes are killed when they land on these sprayed walls, reducing malaria transmission. Since the start of its work in Kenya, PMI has supported the spraying of more than 207,000 houses in three districts, protecting more than 1.2 million residents. In 2008, PMI also contributed to a campaign in 14 districts that protected 1.8 million people. Support includes training of local volunteers to educate residents about spray campaigns and technical support to train supervisors on planning, implementing, monitoring, and evaluating spray operations.

**Malaria in pregnancy:** Pregnant women are particularly vulnerable to malaria, since pregnancy reduces a woman’s immunity to malaria. Unborn children also suffer the consequences of maternal malaria infections, which can result in low birthweight and a higher risk of death early in infancy. Kenya has integrated prevention of malaria in pregnancy activities into its focused antenatal care program, which promotes overall health of pregnant women. During the past year, PMI developed materials on focused antenatal care and malaria in pregnancy for a widescale training program scheduled for 2009.

**Diagnosis and treatment:** ACTs are highly effective against malaria parasites and have few or no side effects. In 2008, Kenya experienced difficulties in procuring new supplies of ACTs that, coupled with the postelection violence in 2007–2008, caused extensive stockouts for several months. In response to this crisis, PMI procured and distributed an emergency supply of nearly 1.3 million ACT treatments to nearly 5,000 health facilities nationwide. PMI expects to continue to procure ACTs to ensure that drug stockouts are minimized.

**PMI Funding**

In fiscal year 2009, PMI allocated \$19.7 million for malaria prevention and treatment in Kenya. Of this amount, 34 percent will support malaria diagnosis and procurement of ACTs, 29 percent ITNs, 23 percent IRS, 5 percent IPTp, and 2 percent monitoring and evaluation activities. Approximately 57 percent of the total will be spent on commodities.

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

For details on 2009 PMI activities in Kenya, please see the Malaria Operational Plan at [http://www.pmi.gov/countries/mops/kenya\\_mop-fy09.pdf](http://www.pmi.gov/countries/mops/kenya_mop-fy09.pdf).