

Kenya

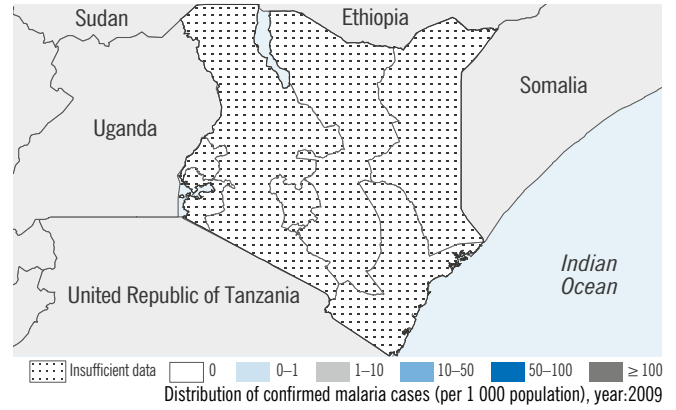
Phase: Control. Coverage: In 2010, ITN/LLINs delivered were sufficient to protect 25%–50% of the population at risk.

I. EPIDEMIOLOGICAL PROFILE

Population (UN Population Division)	2010	%
High transmission (≥ 1 case per 1000 population)	14 600 000	36
Low transmission (0–1 cases per 1000 population)	16 200 000	40
Malaria-free (0 cases)	9 720 000	24
Total	40 520 000	

Parasites and vectors

Major plasmodium species: *P. falciparum* (100%), *P. vivax*
 Major anopheles species: *An. gambiae*, *arabiensis*, *funestus*, *merus*



II. INTERVENTION POLICIES AND STRATEGIES

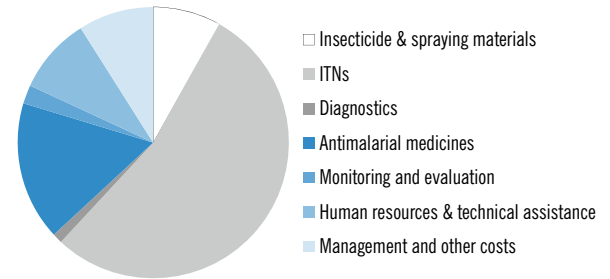
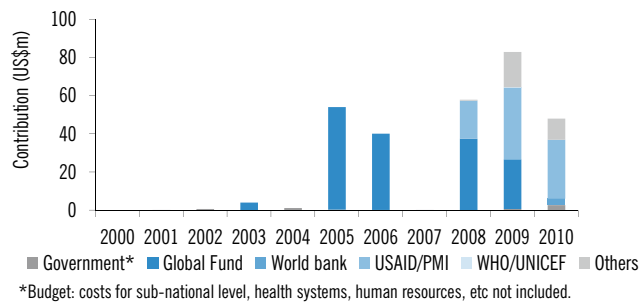
Intervention	WHO-recommended policies/strategies	Yes/No	Year adopted
ITN	ITNs/LLINs: distributed free of charge	Yes	2006
	ITNs/LLINs: distributed to all age groups	Yes	2010
IRS	IRS is recommended	Yes	-
	DDT is used for IRS	-	-
IPT	IPT used to prevent malaria during pregnancy	Yes	2001
Case management	Patients of all ages should receive diagnostic test	Yes	2009
	RDTs used at community level	No	-
	ACT is free for all ages in public sector	Yes	2006
	Pre-referral treatment with recommended medicines	Yes	2006
	Oral artemisinin-based monotherapies are not registered	Yes	-

Antimalarial policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	AL	2004
First-line treatment of <i>P. falciparum</i>	AL	2004
Treatment failure of <i>P. falciparum</i>	QN	2004
Treatment of severe malaria	QN	2004
Treatment of <i>P. vivax</i>	-	-

Therapeutic efficacy tests (therapeutic or parasitological failure, %)						
Medicine	Year	No. of Studies	Min	Median	Max	Follow-up
AL	2002–2008	12	0	2.65	6.6	28 days

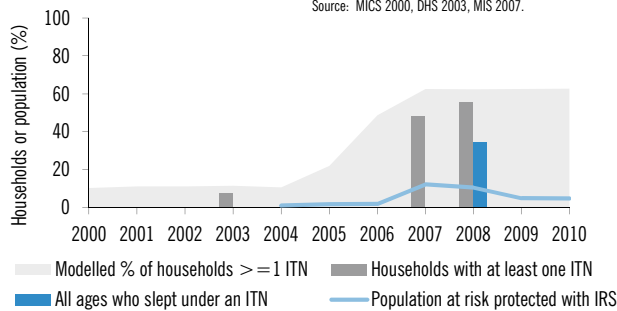
III. FINANCING – Government and external financing

Expenditure by intervention in 2010

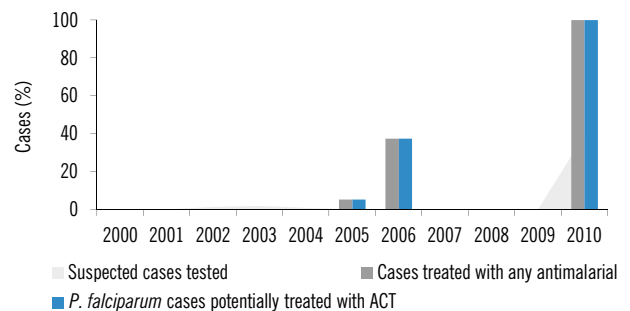


IV. COVERAGE – Coverage of ITN and IRS

Source: MICS 2000, DHS 2003, MIS 2007.



Cases tested and ACT delivered: Programme data (public sector)



V. IMPACT – Malaria test positivity rate and ABER

Confirmed cases, admissions and deaths (per 100 000)

