



Big progress in malaria war as Kenya cuts prevalence by 3pc in five years,

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# Kenya has made major progress in war against malaria, study shows

Prevalence of the disease has dropped from 11 per cent to 8 per cent in five years

By LONAH KIBET

Malaria prevalence in the country has dropped from 11 per cent to 8 per cent in the last five years, a new report shows.

Authorities attributed the drop to use of mosquito nets and an increase in children seeking treatment.

More people are protecting themselves with nets with 60 per cent of households having at least one long-lasting insecticide treated net compared to 40 per cent in 2010.

The 2015 Kenya Malaria Indicator Survey (KMIS) also showed that the prevalence of the disease is highest in Lake and Coast endemic zones at 27 and 8 per cent respectively.

The coastal region, however, recorded an increase of four per cent compared to the 2010 survey, while in the lake region there was an 11 per cent drop.

"The results of the coastal region is a clear indication that more efforts are required to sustain the fragile gains," said Health Principal Secretary Nicholas Muraguri. His speech was read by Acting Director of Medical Services Jackson Kioko.

## 10-14 YEARS

The data further indicates that 13 per cent of children aged six months to 14 years tested positive for malaria through a Rapid Diagnostic Test.

It adds that a lower percentage, 8 per cent, tested positive for malaria by microscopy. "Regardless of the type of test, malaria prevalence generally increases with age. Malaria prevalence is generally highest among children age 10-14 years," the report says.

The report also exhibited a correlation between malaria and anaemia where the latter's prevalence was



highest in Lake endemic zone. Two per cent of children tested positive for severe anaemia.

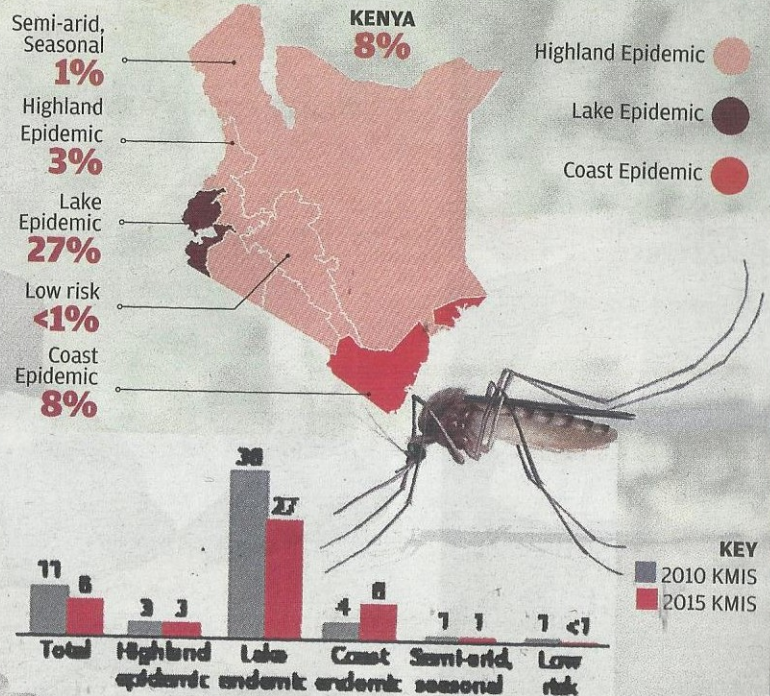
Nationally, there was a drop from three per cent in 2010 to one per cent this year. Dr Kioko emphasised the importance of surveys and regular re-

“The results of the coastal region is a clear indication that more efforts are required to sustain the fragile

gains—Health Ministry Principal Secretary Nicholas Muraguri

## TRENDS IN MALARIA PREVALENCE BY ZONE

Percent of children age 6 months-14 years who tested positive for malaria by microscopy



views on the impact of the interventions of the ground.

He also called on county health workers to use the data collected to inform their decision making in fighting the disease.

The 2015 KMIS is the third indicator survey carried out in 7,313 households from July to August 2015.

The survey was implemented by the National Malaria Control Programme (NMCP) of the Ministry of Health and the Kenya National Bureau of Statistics (KNBS).

## CONTROL PROJECTS

The funding partners include United States Agency for International Development, United States

President's Malaria Initiative, Global Fund, World Health Organisation, United Kingdom Department for International Development and United Nations Children's Fund.

United States President's Malaria Initiative invests about Sh3.83 billion in malaria control projects in the country.

World Health Organisation country representative Custodia Mandhate commended the country for the gains in the war against malaria and called for strengthened routine surveillance in working towards a malaria-free Kenya.

She assured that WHO will continue supporting and strengthening Kenya's malaria surveillance.

# We must fight malaria

A 2015 Kenya Malaria Indicator Survey report shows a significant drop in malaria cases in the country. In 2015, Africa was home to 89 per cent of the reported 214 million malaria cases globally. Of the 438,000 deaths from malaria, 91 per cent were in Africa. According to the report, the malaria prevalence rate has dropped from 11 per cent to 8 per cent. This drop is credited to the use of mosquito nets and the voluntary seeking of medical attention from hospitals; especially for children.

The report, however, negates other findings. For instance, Turkana County reported over 111,000 cases of malaria between January and February 2016, a 50 per cent increase according to a report by the National Drought Management Authority. In Kisumu, medical tests conducted by Kisumu Integrated Family Health Sexual Reproductive Project at Nyalenda and Manyatta informal settlements in March 2016 found that 6 out of every 10 people tested positive for malaria.

For malaria, prevention is always better than cure. Other than stepping up campaigns to sensitise the people on the importance of sleeping under mosquito nets and to seek medical attention when they fall ill, such simple measures like draining away stagnant water and cutting bushes and shrubs helps eliminates the mosquito, the disease vector.



WHO Kenya representative Dr Custodia Mandlhate (L) with acting director of medical services Dr Jackson Kioko (R) in Nairobi yesterday /COURTESY

## BIG STRIDE

# Malaria rate falls from 11% to 8% in major health success

The Lake Victoria region has the highest rate of 27 per cent, which is still an improvement from 38 per cent five years ago, a 2015 survey shows

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Thousands of malaria deaths may have been prevented after the country brought down the disease's prevalence rate from 11 per cent in 2010 to eight per cent this year.

This is one of the biggest strides against the number one killer disease in Kenya, since the first survey was conducted in 2007.

The 2015 Kenya Malaria Indicator Survey, released yesterday, shows Lake Victoria region has the highest rate of 27 per cent, that is still an improvement from 38 per cent five years

ago. However, malaria prevalence at the Coast doubled to eight per cent, from four per cent in 2010. In the highlands of Western Kenya, the rate is three per cent. The rest of the country, including Nairobi, has less than one per cent.

Acting director of medical services Dr Jackson Kioko, who launched the report in Nairobi, said the country's dream of eliminating malaria deaths is still achievable. He said they are trying to drive the rate down to four per cent by 2018.

"Malaria remains a major cause of illness and death in the country, and accounts for 16 per cent of all outpatient attendance in public health facilities. Children and pregnant

women are the most vulnerable," the director said.

Kioko attributed the success to investments including diagnosis and treatment, providing treated nets and providing preventive medicine to pregnant women.

Kenya spends about Sh5 billion every year on malaria control, with donors contributing more than half of that money.

The survey shows the incidence of malaria is highest among children aged between five and 14.

Kioko said this is probably because most interventions target the under-five bracket. The survey also showed malaria affects more poor households.

## (+) POVERTY ALSO CONTRIBUTES TO MALARIA BURDEN

Health ministry official in charge of statistics Rebecca Kiptui says "The richer you are, the less likely you are likely to get malaria." Head of the Malaria Control Unit at the Health ministry Ejersa Waqo says prevention and surveillance are the most important strategies to control malaria. He says the survey also shows one per cent of all children age six months to 14 years have severe anaemia. "Severe anaemia is most common in the lake endemic region," he says.

# Treatment, nets reduce malaria cases

But prevalence at Coast has doubled while other patients consult traditional healers, reveals study

BY EUNICE KILONZO

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The number of children suffering from malaria has gone down, thanks to use of mosquito nets and access to treatment.

The 2015 Kenya Malaria Indicator Survey shows prevalence in children between six months and 14 years has dropped from 11 to eight per cent.

However, prevalence in children under five years has doubled at the Coast from four per cent and this is worrying the Health ministry, which says efforts must be made "to sustain fragile gains".

Nonetheless, the decline in malaria infections is as a result of timely treatment, according to the study.

It shows three in four children with fever were taken to a government facility for advice or treatment on malaria in 2015, translating to 72 per cent, an increase from 59 per cent in 2010.

Interestingly, three per cent of parents sought advice or malaria treatment from shops. However, this was a decrease from nine per cent in 2010, as less than 1 per cent sought advice or treatment from traditional healers.

Acting Director of Medical Services Jack Kioko said: "Six in 10 households

in the country owned a treated mosquito net in 2015, compared to about four in 10 houses as observed in 2010."

Dr Kioko termed malaria a major public health concern as it accounts for 16 per cent outpatient attendance in public health facilities.

He added: "It is encouraging that more than half of pregnant women and children under five used a treated mosquito net (long lasting insecticidal net) the night before the survey."

Dr Kioko said there is need to increase investment in malaria control.

The government contributes about Sh2 billion annually to the management of malaria, which complements a larger kitty by donors, including the US, which contributes about Sh3.5 billion.

The survey, launched yesterday in Nairobi, notes that the poorest households are least likely to own a treated net. So far, the ministry has donated 12.6 million nets in the country.

One in four pregnant women in malaria-prone areas took three doses of Fansidar, a drug that prevents malaria, as the disease can lead to still births, low birth weight and miscarriage.

Kenya National Malaria Strategy recommends pregnant women in Coast and lake regions receive preventative drugs from 16 weeks of pregnancy when they visit antenatal clinics.

Pregnant women in several counties, including Kilifi, Mombasa, Lamu, Taita-Taveta, Tana River, Kwale, Vihiga, Bungoma, Kakamega, Busia, Migori, Kisumu, Siaya, and Homa Bay have been targeted in this campaign.

## Pregnant women:



**1 in 4**

Pregnant women in malaria endemic areas took three doses of Fansidar to prevent malaria.

Malaria in pregnancy leads to still births, low birth weight, and miscarriage.



**16 weeks**

The Kenya National Malaria Strategy recommends that pregnant women in both coast and lake endemic zones should receive malaria preventative drugs from 16 weeks of pregnancy when they visit the antenatal clinic.

**65%**

Households with at least one mosquito net

**63%**

Households own at least one LLIN

Slightly more than half of pregnant women slept under a LLIN the previous night.

## Worst hit areas in Kenya

So far pregnant women in Kilifi, Mombasa, Lamu, Taita Taveta, Tana River, Kwale, Vihiga, Bungoma, Kakamega, Busia, Migori, Kisumu, Siaya, and Homa Bay have been targeted in campaign

### Malaria Zones:

Kenya has five malaria epidemiologic zones:

**78%**

Are more likely to have slept under a LLIN the night before the survey in the Lake region.

Highland epidemic

Lake endemic

**41%**

Are more likely to have slept under a LLIN the night before the survey in the semi-arid region.

Semi-arid, seasonal

Low risk

Coast endemic

### Children and Malaria:

**15%**

Malaria prevalence increases with age, it is highest among children age 10 to 14 years.

**9%**

The least prevalence of children between the ages of six to less than five years.

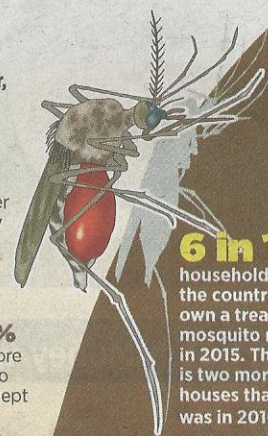
**3 in 4**

Children under five with fever were taken to a government facility for advice or treatment in 2015, translating into 72 per cent. This is up from 59 per cent in 2010.

### Children and anaemia:

Children age 6-59 months are most likely to be severely anaemic compared with other children.

SOURCE: 2015 KENYA MALARIA INDICATOR SURVEY. COMPILED BY: EUNICE KILONZO. GRAPHIC BY: MICHAEL MOSOTA



**6 in 10**

households in the country own a treated mosquito net in 2015. This is two more houses than it was in 2010.

### About the Survey:

**What:** The 2015 Kenya Malaria Indicator Survey gives estimates in malaria indicators: malaria prevention, management; malaria and anaemia prevalence. The 2015 Kenya Malaria Survey is the third compilation of malaria burden in the country. Others were in 2007 and 2010.

**When:** July 6 to August 15, 2015

**How:** Used questionnaires (English and Kiswahili)

**Why:**

- To determine the progress of key malaria interventions in the Kenya Malaria Strategy 2009-2013 (revised 2014)
- To assess malaria parasite prevalence among children aged six months to 14 years
- To determine anaemia prevalence among children age 6 months to 14 years
- How many interviewed? 6,481 households