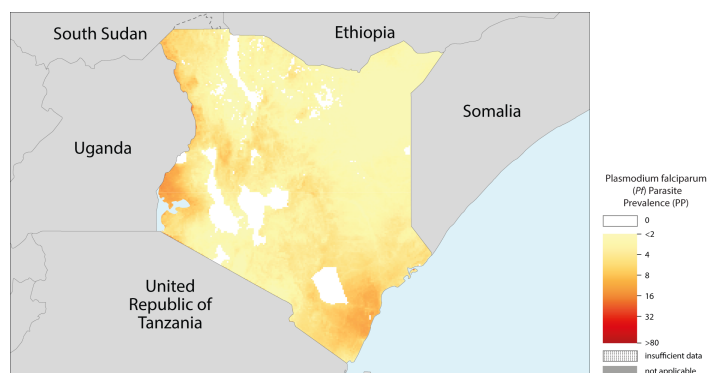
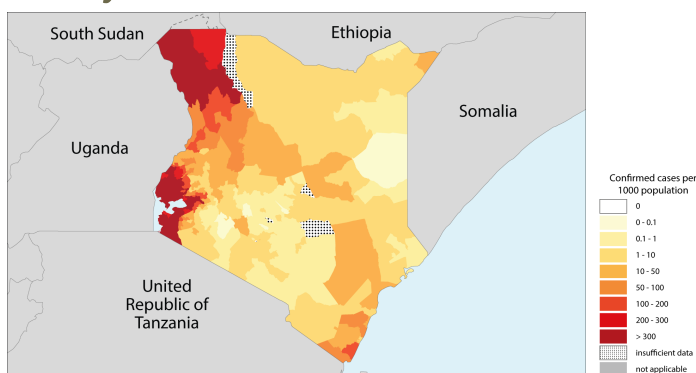


Kenya



I. Epidemiological profile

Population (UN Population Division)	2023	%
High transmission (>1 case per 1000 population)	38.8M	70
Low transmission (0-1 case per 1000 population)	16.5M	30
Malaria free (0 cases)	-	-
Total	55.3M	-

Reported cases and deaths	
Presumed and confirmed cases	6 819 382
Total confirmed cases:	5 619 026
Confirmed cases from public sector:	-
Confirmed cases from private sector:	-
Confirmed cases at community level:	-
Confirmed cases in combined health sectors:	5 619 026
Reported deaths:	1060

* Includes cases from the public, private sector and community

Parasites and vectors	
Major plasmodium species (indigenous cases):	<i>P. falciparum</i> : 100 (%)*, <i>P. vivax</i> : 0 (%)
Major anopheles species:	<i>An. gambiae s.s.</i> , <i>An. funestus s.s.</i> , <i>An. arabiensis</i> , <i>undefined</i>
* includes mixed infections and other species of Plasmodium	

Estimates	
Estimated cases:	3.3M [1.6M, 6M]
Estimated deaths:	11.5K [11.1K, 11.9K]

II. Intervention policies and strategies

Intervention	Policies/Strategies	Yes/ No	Year adopted
ITN	ITNs/LLINs distributed free of charge	Yes	2005
	ITN distributed by mass campaign	Yes	2010
IRS	IRS is recommended	Yes	-
	DDT is used for IRS	No	-
Larval control	Use of Larval Control	Yes	2020
IPT	IPT used to prevent malaria during pregnancy	Yes	1998
Diagnosis	Malaria diagnosis using RDT is free of charge in the public sector	Yes	2012
	Malaria diagnosis using microscopy is free of charge in the public sector	Yes	2010
	Malaria diagnosis is free in the private sector	No	-
Treatment	ACT is free for all ages in public sector	Yes	2010
	The sale of oral artemisinin-based monotherapies (oAMTs)	banned	2010
	Single low dose of primaquine (0.75 mg base/kg) with ACT to reduce transmissibility of <i>P. falciparum</i>	No	-
	Primaquine is used for radical treatment of <i>P. vivax</i>	NA	-
	G6PD test is a requirement before treatment with primaquine	NA	-
	Directly observed treatment with primaquine is undertaken	NA	-
	System for monitoring of adverse reaction to antimalarials exists	Yes	2006
	Malaria is a notifiable disease	Yes	2009
	ACD for case investigation (reactive)	No	-
	ACD at community level of febrile cases (pro-active)	NA	-
Surveillance	Mass screening is undertaken	NA	-
	Uncomplicated <i>P. falciparum</i> cases routinely admitted	No	-
	Uncomplicated <i>P. vivax</i> cases routinely admitted	No	-
	Case investigation undertaken	NA	-
	Foci investigation undertaken	NA	-
	Case reporting from private sector is mandatory	Yes	2010

Yes* = Policy adopted, but not implemented in 2023

Disc = Discontinued

Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended

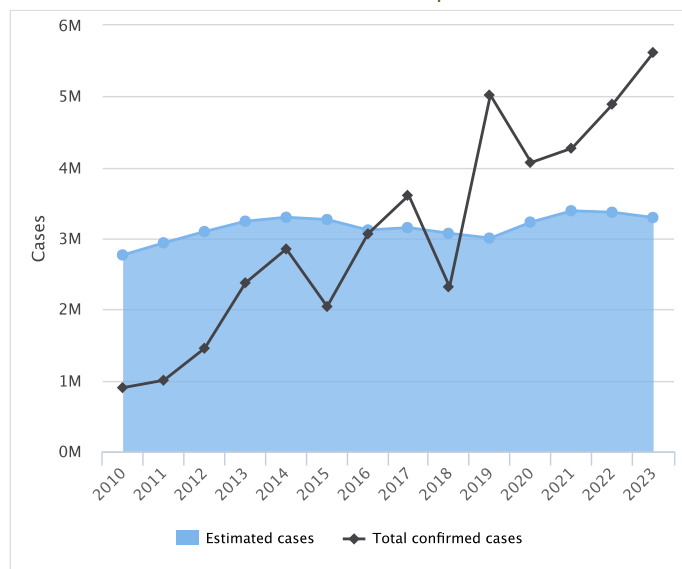
Antimalaria treatment policy					Medicine	Year adopted	
First-line treatment of unconfirmed malaria					AL	2004	
First-line treatment of <i>P. falciparum</i>					AL	2004	
Second-line treatment <i>P. falciparum</i>					DHA-PPQ	2010	
Treatment of severe malaria					AS	2010	
Treatment of <i>P. vivax</i>					AL-PQ	2010	
Dosage of primaquine for radical treatment of <i>P. vivax</i>					0.25 mg/Kg (14 days)		
Type of RDT used (public)					Pf only		
Therapeutic efficacy tests (clinical and parasitological failure, %)							
Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2015-2019	0	1.9	11.5	28 days	4	<i>P. falciparum</i>
AS-PY	2015-2016	5.6	5.6	5.6	42 days	1	<i>P. falciparum</i>
DHA-PPQ	2016-2017	7	7	7	42 days	1	<i>P. falciparum</i>
Resistance status by insecticide class (2018-2023) and use of class for malaria vector control (2023)							
Insecticide class	(%) sites ¹	Vectors ²				Used ³	
Carbamates						No	
Neonicotinoids						No	
Organophosphates	0% (0/37)					Yes	
Pyrethroids	90% (27/30)	<i>An. arabiensis</i> , <i>An. funestus s.L.</i> , <i>An. gambiae s.L.</i>				Yes	

¹Percent of sites for which resistance is confirmed and total number of sites that reported data

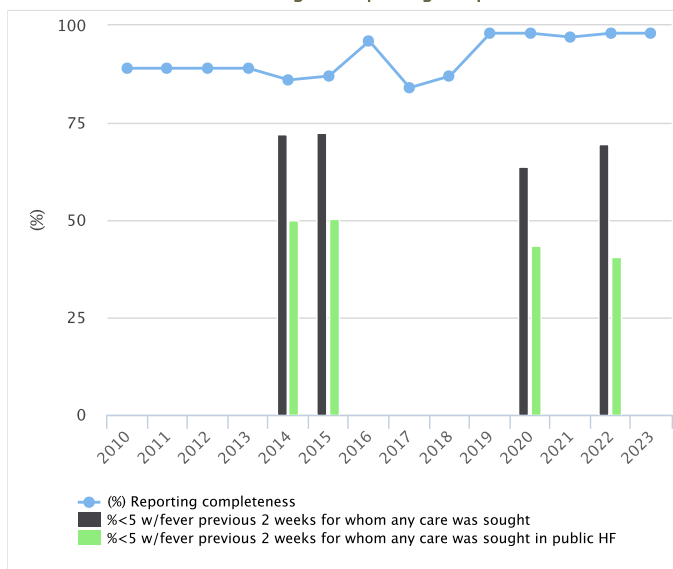
²Vectors reported to exhibit resistance to insecticide class

³Class reported as used for malaria control in 2023 (note: if data were not available, data from the previous year were used)

III. Estimated and reported cases

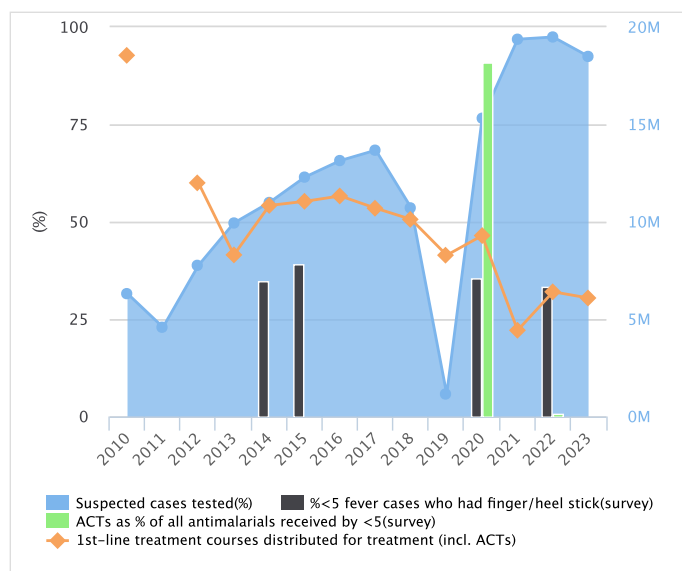


Treatment seeking and reporting completeness



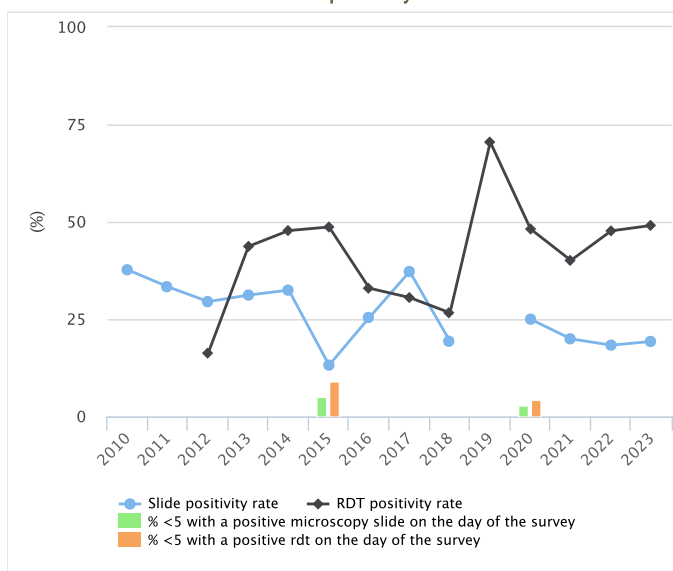
Source: DHS 2014,2022, MIS 2015,2020

IV. Cases tested and treated



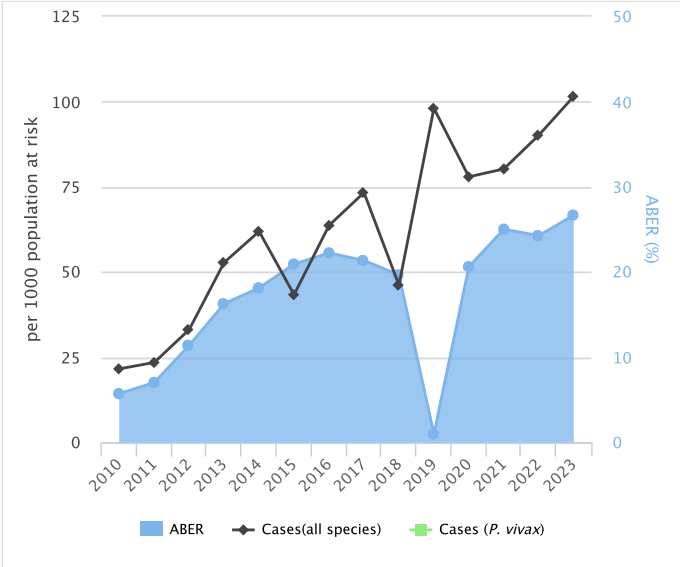
Source: DHS 2014,2022, MIS 2015,2020

Test positivity



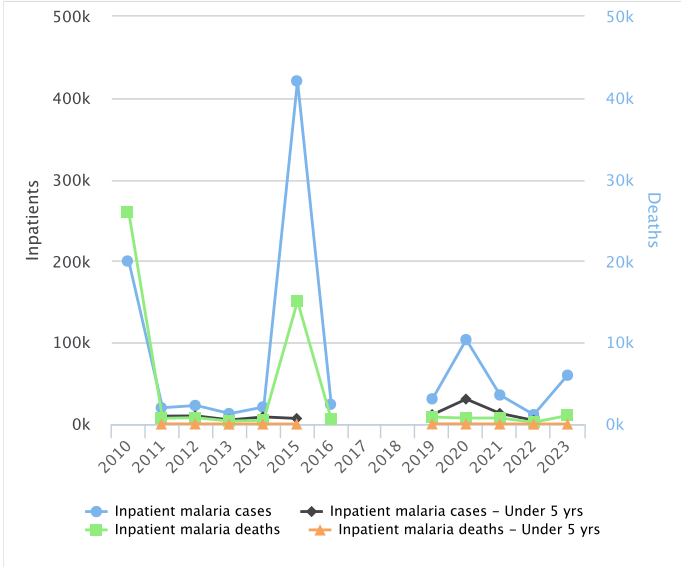
Source: MIS 2015,2020

V. Confirmed malaria cases per 1000 population at risk and ABER

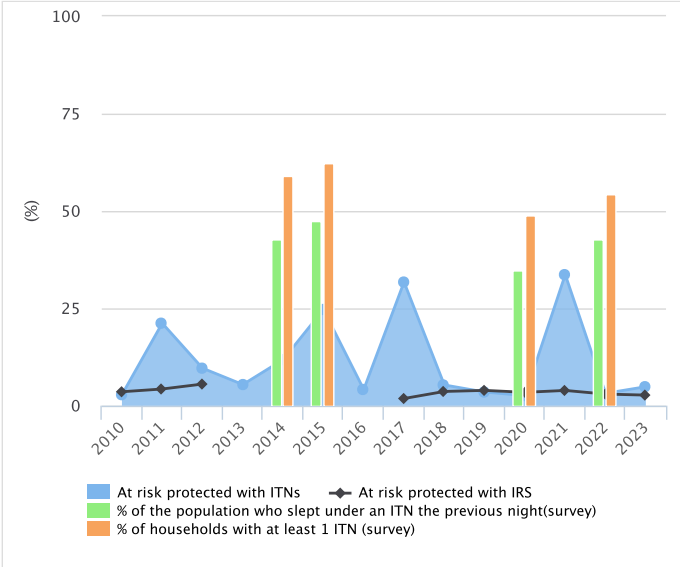


ABER=smeas examined in a year X100 / Total population. Includes cases that are imported and introduced

Malaria inpatients and deaths

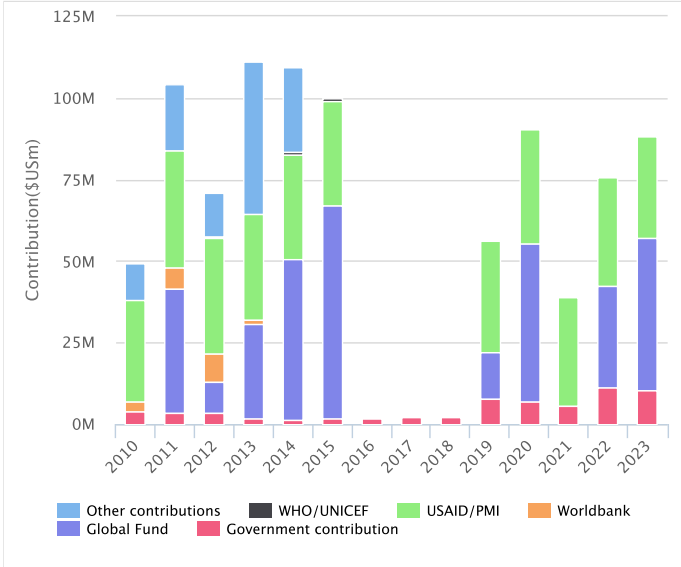


V. Coverage of ITN and IRS

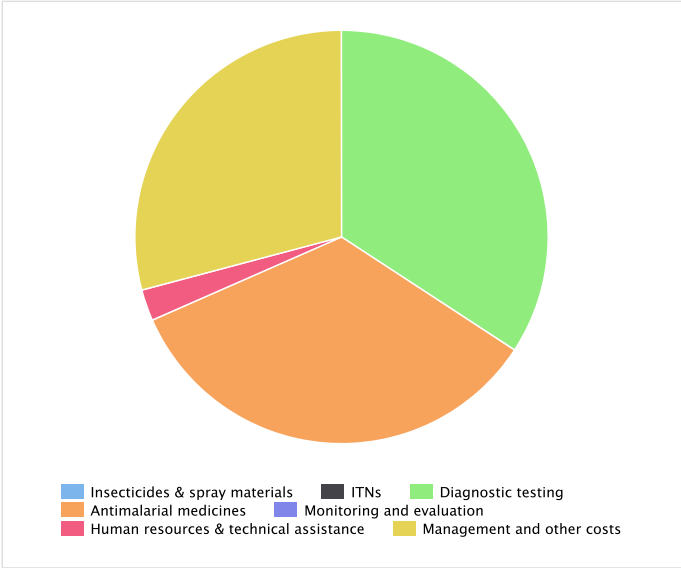


Source: DHS 2014,2022, MIS 2015,2020

Sources of financing



VI. Government expenditure by intervention in 2023



Footnotes
(est.) : WHO estimates based on the survey

Country profiles are generated automatically based on data reported by countries. They are available for all current malaria endemic countries and territories asked to report to the Global Malaria Programme annually. Country profiles are based on data validated by the countries as of 14 November 2024.
Further information on the methods used to estimate malaria cases and an explanation for the gap between estimated and reported confirmed indigenous cases is provided [mpac-april2018-ero-report-malaria-burden-session6.pdf \(who.int\)](#)