Kenya

The Present Context

Kenya is as a low income, food-deficient country with a population of 34 million and a GDP per capita income of USD 1,037. Kenya’s position on the UNDP human development Index has dropped from 134th out of 173 countries in 2002, to 154th out of 177 in 2005. About 58% of the population lives below the poverty line. Kenya’s economy is highly dependant on tourism. Economic productivity is unevenly distributed between central areas, characterized by high population density, commercial agriculture, industries and improving standard of living, and the sparsely populated peripheral areas, characterized by pastoralism and subsistence agriculture. Vulnerability to drought and food shortages is widespread in the arid and semi-arid districts located in the northern, coastal and central provinces. Kenya is also home to an estimated 238,000 refugees and 360,000 internally displaced peoples mainly from Sudan and Somalia.

Main Public Health Issues and Concerns

Health Status

- Infant and under-five mortality rates are 79 and 111 per 1000 per year respectively. Maternal mortality is 1000 per 100,000. The average adult mortality rate is 508 per 1000 and life expectancy at birth is 47.2.
- Malaria continues to be the leading cause of morbidity and mortality. More than 124,000 cases were reported in 2002. There is a high risk from *P. falciparum* throughout the year. A combination of artemether-lumefantrine is used as first line treatment.
- Other major causes of morbidity and mortality include acute respiratory infection, malnutrition, diarrhoeal disease, HIV/AIDS and TB.
- The HIV adult prevalence rate reduced from 10% in the late 1990s to 6.7% in 2003, but remains a major health concern, specifically in the West. The rate of new infections is especially high among young women/girls, sex workers and migrant workers.
- In 2004, the reported incidence of TB was 619 per 100,000 people.
- UNFPA reports that more than 40% of women between the ages of 15 and 19 and over half of women above the age of 35 have been subjected to some form of genital mutilation. There are reports of frequent occurrence of sexual and gender-based violence.
- Sanitation and safe drinking water coverage is estimated at 42% and 48% respectively.
- Recent UN and UNICEF nutritional assessments show that high rates of malnutrition can be attributed to a general lack of long-term responses to food insecurity and malnutrition.
- In areas drought-prone areas, the nutritional and health status is as follow:
  - There are 40,000 to 60,000 malnourished children and women in the 27 currently affected districts. Rates of child malnutrition range from 17 to 40%. Cases of malnutrition in the north eastern Man-
The health care system is divided into three sectors: public, voluntary and private. The public sector (MoH) is the major provider of health services and is responsible for 58% of all health facilities, 52% of all beds and 70% of all health personnel. The next major provider is the private sector followed by the voluntary sector (NGOs).

Approximately 70% of urban dwellers have access to health facilities within 4km, while such access is available to only 30% of the rural population. The arid and semi arid north and north eastern areas of Kenya are underserved due to limited number of health facilities.

The high maternal mortality is attributed to lack of skilled attendance at birth, complications during abortion, HIV/AIDS, service overload and poor or inadequate access to services due to high cost and geographical barriers. However, the capability of nearly all district hospitals to perform caesarean deliveries in case of emergency has greatly reduced deaths due to obstructed labour.

Little attention has been given to the sexual and reproductive needs of adolescents and youth.

The system suffers from an overall shortage of health workers. Knowledge base in key skills pertaining to management, organization and planning of service delivery is weak. Health workers are inadequately distributed between urban and rural areas, public and private sector, and between provinces; some regions are severely understaffed.

Poor work environment due to deficient equipment, lack of drugs and inadequate supplies inhibit health workers from functioning in a most efficient manner.

It is estimated that only 30% of Kenyans have access to medicines.

In 2004, the total expenditure on health was 4% of the GDP. Private expenditure on health is 60% of the total health expenditure and public expenditure is 40%.

Main Sector Priorities

The overall sector priorities include:

- Strengthening the delivery of health services (planning, monitoring and evaluation of care) particularly in the underserved rural areas by:
  - Strengthening the capacity of health workers to provide safe good quality health care;
  - Supporting the MoH in focusing its strategic thinking on the need to provide services and security to nomad and pastoralist communities (i.e., not only safety nets in times of crisis).

- Reinforcing disease prevention and control particularly among the poor;
- Promoting sexual and reproductive health;
- Supporting health promotion activities;
- Strengthening health information systems for health policy and management and emergency preparedness.

The priorities for the current food crisis are:

- Reduce the prevalence of acute and severe malnutrition by strengthening assessment and monitoring of the nutritional situation, prioritizing most affected districts and providing targeted feeding in order to rehabilitate the malnourished.

- Mitigate potential disease outbreaks by assisting the MoH in planning control measures, including surveillance, training in case management, vector control and resource mobilization and promoting immunization against measles, including vitamin A administration, in all supplementary and therapeutic feeding programmes, as recommended in complex emergencies.