

Kenya: Malaria outbreak kills hundreds

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An outbreak of highland malaria in Kenya has killed more than 300 people and infected over 158,000 others since June. The epidemic has affected the Rift Valley and Nyanza provinces in the west of the country, about 300 kilometres north of the capital Nairobi. The Kenyan Red Cross reported that it had mobilised up to 1,000 people as volunteers to distribute food, mosquito nets and water purification tablets in the worst hit areas.

The Kenyan government is reported to have dispatched \$500,000 worth of anti malarial drugs to the eight districts affected by the epidemic, but it has been heavily criticised for acting “too late” and being ill-prepared for the outbreak despite warnings by medical specialists.

The government has sought to blame heavy rains in the region for the outbreak, but this is only one factor in causing the malaria epidemic. A leading figure in the Kenya Medical Research Institute (KEMRI), Dr Davy Koech, told reporters that despite the institute’s advice to the government on procedures to bring the disease under control, there was a tendency to “talk too much with little action.” He said that the government’s approach to the possibility of an epidemic had been shameful and explained that an outbreak of malaria is “predictable, preventable, treatable and curable—but lack of preparedness by health personnel is our crime.”

According to the *Daily Nation* in Kenya, health centres in those areas affected by the malaria epidemic were “understaffed” and were operating without essential facilities and drugs. After a visit to malaria affected parts of the country, Dr Sam Ochola, who heads the country’s malaria control programme, told reporters, “All of the clinics we visited could not cope because the patients were too many.”

People living in the affected areas were told to purchase mosquito nets, but at \$2 they are unaffordable to most Kenyans who struggle to live on less than \$1 a day. The nets are an essential precaution because the

female mosquito that spreads the disease only bites during the night.

The local MP for one of the areas hit by the epidemic called for the sacking of two health ministers and told reporters that despite the government’s pledge not to charge those infected with the disease for treatment, up to 18 people had been turned away from one health centre for failing to raise laboratory fees.

A report by the BBC explains that highland malaria is defined by scientists as malaria that occurs at the high altitude limit for the disease. According to scientists, the disease is not normally spread by mosquitoes in the highlands of East Africa because the temperature is too low. If the temperature is not sufficiently warm the malaria parasite—which is transmitted through the mosquito when the insect bites—is unable to develop. But with warmer and wetter weather, the parasite has more favourable conditions to develop within the mosquito.

According to Dr John Cox, an expert at the London School of Hygiene and Tropical Medicine, the increase in highland malaria is due in part to weather conditions plus the fact that people living in the areas have a lower immunity to the disease and are also unable to gain access to the necessary precautions against it. He told the BBC that people in the highlands, “tend to get sick and die when they get infected, unlike their compatriots who live down at the bottom of the hills.”

An article written by scientists on the re-emergence of highland malaria points to a number of factors that have possibly led to a rise in the numbers of those infected by the disease. These include deforestation, which can lead to changes in localised weather patterns and allow for the creation of sunlit pools that provide more breeding sites for vector mosquitoes (insects that carry the malaria parasite). Other factors raised in the article are drug resistance to malaria, the degradation of health care infrastructure and the travel of infected

people into the highland areas from neighbouring districts to work on the tea estates and in agriculture.

In 1998 at least 354 people died in an epidemic of highland malaria in the Nyanza province, and in 1999 up to 400 people died from the infection.

A ministry of health report issued by the Kenyan government states that malaria kills 93 children below the age of five daily in the country and that 16,000 pregnant women develop severe anaemia due to the effects of the disease. The report also states that the deteriorating economic situation in the country has immensely contributed to the increase in deaths from malaria.

A report by Médecins Sans Frontières puts the number of children killed by malaria in Africa per year at between 1.3 and 1.8 million. In Kenya there are 8.2 million cases reported each year out of a population of 30 million. Malaria is responsible for the greatest number of consultations within the public health service—30 percent—and is the most common reason for the estimated 22,000 hospital admissions per year. The article cites the reasons for such high figures as being due to “lack of resources and donor preference for cheap solutions.”



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