

#### CRSPC Sub-regional national Malaria Control Programs and Partners Annual meetings Country presentation







#### Vision, Mission and Goal



A Malaria-free Kenya



To direct and coordinate efforts towards a malaria-free Kenya through Effective partnerships



To reduce malaria incidence and death by 75 percent of 2016 levels by 2023.





#### **OBJECTIVE 1:**

To protect 100% of people living in malaria risk areas through access to appropriate malaria preventive interventions by 2023



#### **OBJECTIVE 2:**

To manage 100% of suspected malaria cases according to the Kenya malaria treatment guidelines by 2023



#### **OBJECTIVE 3:**

To establish systems for malaria elimination in targeted counties by 2023



#### **OBJECTIVE 4:**

To increase utilisation of appropriate malaria interventions in Kenya to at least 80% by 2023



#### **OBJECTIVE 5:**

To strengthen malaria surveillance and use of information to improve decision-making for programme performance

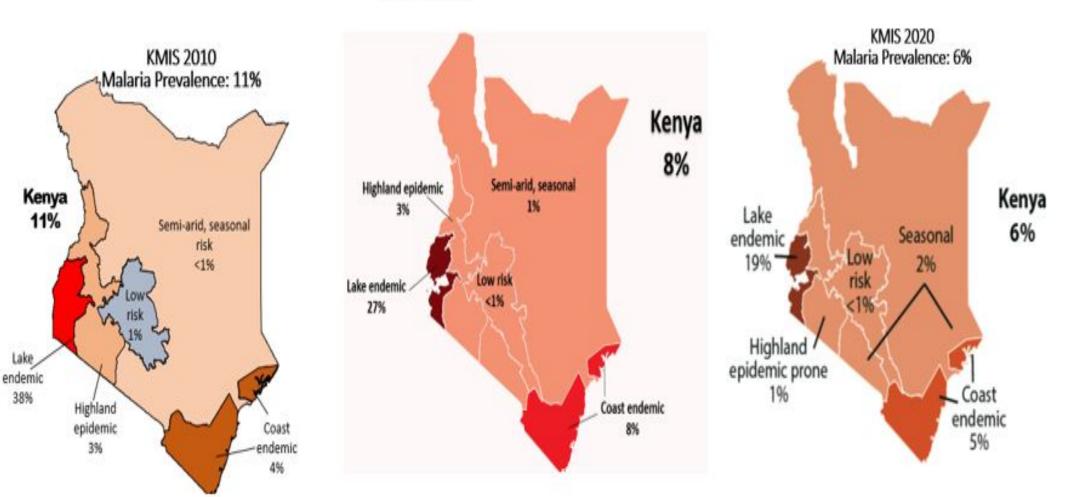


#### **OBJECTIVE 6:**

To provide leadership and management for optimal implementation of malaria interventions at all levels, for the achievement of all objectives by 2023



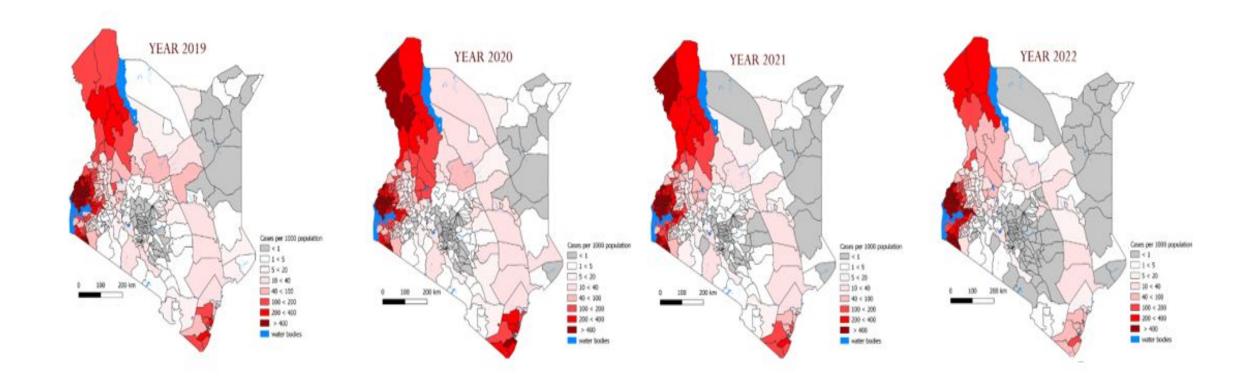
### Malaria prevalence maps 2010, 2015 and 2020



KMIS 2015



### Incidence of Malaria in Kenya 2019 - 2022





#### Stratification County Epidemiological profiles

Endemic zone (endemicity class) County Malaria free Nairobi Very low transmission predicted Baringo, Bomet, Elgeyo Marakwet, Embu, Garissa, Isiolo, Kajiado, age-corrected population adjusted Kericho, Kiambu, Kirinyaga, Kisii, Plasmodium falciparum parasite Kitui, Laikipia, Lamu, Machakos, Makueni, Mandera, Marsabit, Meru, rate(PAPfPR<sub>2-10</sub> <1%) Murang'a, Nakuru, Nandi, Narok, Nyamira, Nyandarua, Nyeri, Samburu, Taita Taveta, Tana River, Tharaka-Nithi, Trans-Nzoia, Uasin Gishu, Wajir, West Pokot Low transmission ( $PAPfPR_{2-10} 1 - <5\%$ ) Homa Bay, Kilifi, Kwale Low-moderate transmission(PAPfPR<sub>2-10</sub> Mombasa, Turkana, Vihiga PAPfPR<sub>2-10</sub> 5 - <10%) **Malaria Free** <1% Moderate transmission (PAPfPR<sub>2-10</sub> 10 -Bungoma, Kakamega, Kisumu, Migori 1% - <5% 5% - <10% <30%) 10% - <30% 200 >=30% Kilometers High transmission (PAPfPR<sub>2-10</sub> >=30%) Busia, Siaya



	Baseline									
Impact Indicators	Year	Valua	2018/ 2019		2019/2020		2020/ 2021		2021/ 2022	
		Value	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved
Total inpatient malaria deaths (per 100,000 persons per year)		TBD	-	2.2	2.2	1.9	1.7	2	1.1	0.88
Total in patient malaria cases (per 10,000 persons per year)		TBD	-	6	8	8.1	6	8.1	4	2.2
Total confirmed malaria cases (per 1000 persons per year)	2016	62	113	86	96	94	85	79	65	93





Outcome Indicators	Baseline (Year)	2018/2019		2019/2020		2020/2021		2021/2022	
		Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved
Proportion of households with universal coverage of LLINs in malaria risk areas	47% (2017)	50%		60%	48%	75%	39%	94%	50%
Proportion of the general population in targeted areas using an LLIN the night before the survey	76% (2017)	76%		80%	44%	85%	41%	92%	80%
Proportion of population in targeted areas protected through IRS within the last 12 months	100% (2017)	100%	82%	100%	86%	100%	77%	100%	97%
Proportion of eligible pregnant women who receive 3 or more doses of IPTp for malaria during their last pregnancy in targeted counties	38% (2015)	45%	29%	60%	38%	70%	42%	80%	42%





	Baseline	2018	8/2019	201	9/2020	2020	/2021	2021	/2022
Coverage Indicators	(Year)	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved
Proportion of suspected malaria cases presenting to public health facilities tested with malaria rapid diagnostic test (mRDT) or microscopy		70%	58%	90	34%	95	60%	100	58%
Proportion of suspected malaria cases presenting to public health facilities managed in accordance with the Kenya malaria treatment guidelines		65	55%	70	33.10%	80	56%	90	55%
Severe malaria case fatality rate (proportion of severe malaria cases resulting in death)		2.78%	2.30%	1.85%	2.50%	1%	1.90%	1%	0.88%
Proportion of suspected malaria cases presenting to a CHP in targeted areas tested with mRDT		90	95%	95	51%	95	51%	100	94%





	Baseline		Targets (Achievement)									
Coverage Indicators			201	2018/2019		2019/2020		0/2021	2021/2022			
	Year	Value	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved		
Proportion of expected health facility reports received	2017	80%	90%	95%	95	86%	100%	75%	100%	98%		
Proportion of expected health facility reports received on time	2017	60%	70%	110%	80%	99%	90%	79%	100%	97%		
Proportion of targeted sub-counties reporting malaria threshold data weekly	2017	31%	60%	80%	80%	39%	100%	100%	100%	100%		
Proportion of counties using malaria surveillance data for decision making and targeting interventions	2018	23%	68%	81%	98%	63%	98%	56%	100%	100%		





# Bottlenecks, challenges and proposed solutions

Inadequate finances for program interventions-advocate for domestic resource

mobilization at national and county levels

- •Gaps in malaria data quality- Developed malaria module, DQA and DQIP
- Availability and use of (malaria) inpatient data- Training of HWs on ICD11,
  SOPs on how to complete data capture tools
- Testing of suspected cases-Demand & Strengthen capacity for diagnostics
- Information and Knowledge management- Guidelines on Use of routine and research data for decision making





## **Best practices and lessons learnt**

- •Collaboration between the malaria and other health programs was key in the delivery of malaria prevention interventions. Vaccine
- •Digitization of malaria preventive data was important in ensuring effective monitoring of malaria prevention interventions
- •Commodity management.
- •The use of virtual platforms for meetings and collaborative writing ensured the continuity of stakeholder engagement.





## Gap analysis- 2024

2024	Need	Financed	Gap
LLINs (number of nets)	1,992,017	2,239,682	- 247,666
IRS [Households]	1,128,133	500,000	628,133
ACTs (number of treatment doses)	5,459,389	10,333,787	- 4,874,398
RDTs (number of RDTs)	10,180,313	12,484,913	- 2,304,600
Total US\$ need essential services	46,270,577	33,158,392	13,112,185
Other costs	101,635,978	62,517,004	39,118,974
Total US\$ need malaria strategic plan	147,906,555	95,675,396	52,231,159





## Gap analysis- 2025

2025	Need	financed	gaps
LLINs (number of nets)	2,140,143	2,034,955	105,188
IRS [Households ]	1,153,292	500,000	653,292
ACTs (number of treatment doses)	5,615,358	10,333,787	- 4,718,429
RDTs (number of RDTs)	11,726,660	15,757,345	- 4,030,685
Total US\$ need essential services	48,223,917	33,550,283	14,673,634
Other costs	105,294,627	63,660,086	41,634,542
Total US\$ need malaria strategic plan	153,518,545	97,210,369	56,308,176





## Gap analysis- 2026

2026	Need	financed	gaps
LLINs (number of nets) mass Net	22,328,594	9,363,056	12,965,538
IRS [ Households ]	1,202,903	500,000	702,903
ACTs (number of treatment doses)	5,776,857	8,218,429	- 2,441,572
RDTs (number of RDTs)	13,519,194	18,253,888	- 4,734,694
Total US\$ need essential services	131,117,265	62,644,114	68,473 <i>,</i> 150
Other costs	80,787,969	36,230,458	44,557,511
Total US\$ need malaria strategic plan	211,905,234	98,874,572	113,030,662





## **Technical Assistance**

- 1. TA for updating malaria policy (Oct -Dec 2023).
- 2. TA for end term review and development of next KMS ( One lead, 6 thematic Consultants, including two specifically for detailed Programmatic Gap analysis, costing and resource mobilization) Jan - Mar 2024. This will partially be covered by PMI and WHO.
- 3. TA for embedding matchbox assessment Jan -Mar 2024.





#### **Technical Assistance**

- 4. TA for situating Malaria Private sector strategic direction Jan Mar 2024.
- 5. TA to review CCM implementation approach given Govt. developments of overall UHC. Jan-Mar 2024
- 6. TA for annual malaria report development (Annually for two years)



