Malaria transmission in Kenya ranges from intense in lowland areas to unstable epidemic-prone in the highlands. The annual reported number of malaria cases in 2015 was 7,676,980 with 15,061 deaths.
Malaria
Global Fund Update
The Global Fund has announced that Kenya will receive US$ 355.6 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2018-2020. The Global Fund has determined the total allocation amount based on Kenya’s disease burden and income level, as well as several other factors. The malaria component is also allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For Kenya this is calculated at US$ 63.2 million. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Kenya is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation, as well as from domestic resources, to sustain the gains made in recent years.

Progress
Kenya has made steady progress in scaling-up malaria control interventions. The country has secured the majority of the resources required to sustain universal coverage of essential malaria control interventions in 2016. The country has carried out insecticide resistance monitoring since 2014 and has reported the results to WHO. Kenya has a high rating in terms of public sector management systems (CPIA cluster D). Kenya has recently completed the national insecticide resistance monitoring and management plan. The country has implemented iCCM. The country has significantly enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control and Elimination Scorecard.

Impact
The annual reported number of malaria cases in 2015 was 7,676,980 with 15,061 deaths. WHO estimates that the country has experienced an increase of greater than 20% in the malaria incidence rate and a change of less than 20% for malaria mortality rate for the period 2010 - 2015.

Key Challenges
• The increase in malaria incidence rates estimated by WHO between 2010-2015.
• The reduced allocation for malaria from the Global Fund.

New Key Recommended Actions

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address funding</td>
<td>Ensure the GF malaria funding application is submitted by Q2 2017 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years. Work to fill other outstanding gaps</td>
<td>Q2 2017</td>
</tr>
<tr>
<td>Impact</td>
<td>Investigate and address the reasons for the WHO estimated increase of greater than 20% in the malaria incidence rate for the period 2010 - 2015</td>
<td>Q4 2017</td>
</tr>
</tbody>
</table>
MNCH

Progress

Kenya has achieved high coverage of tracer MNCH interventions, including exclusive breastfeeding, DPT3 and ART coverage in children. The country has significantly enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn and Child Health Scorecard.

Previous Key Recommended Action

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>MNCH*: Optimise quality of care</td>
<td>Identify and address reasons for decreasing vitamin A coverage</td>
<td>Q4 2016</td>
<td>-</td>
<td>The country reports 9% increase in vitamin A coverage in 2014</td>
</tr>
</tbody>
</table>

Key

- Action achieved
- Some progress
- No progress
- Deliverable not yet due

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1 MNCH metrics, recommended actions and response tracked through WHO MCA