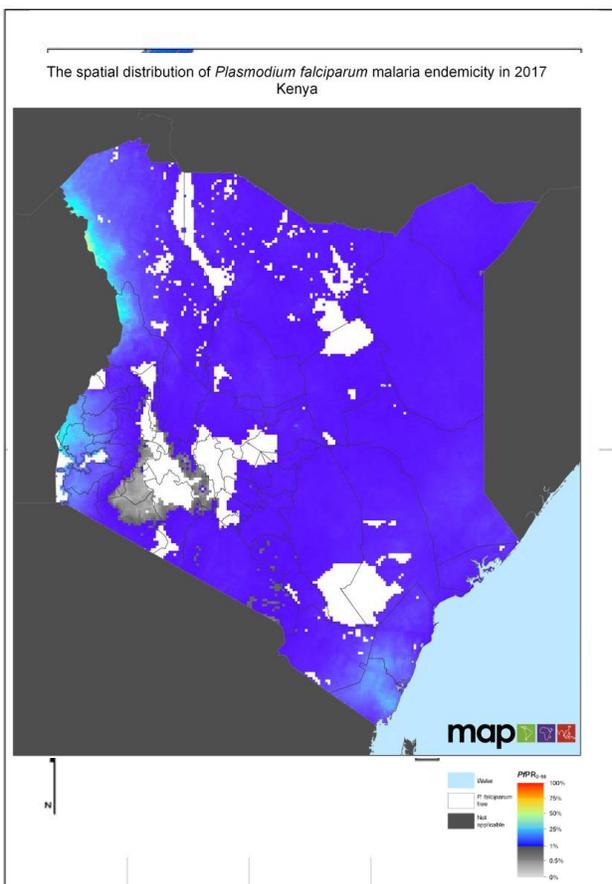


Scorecard for Accountability and Action



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 2018 was 9,950,781.

Metrics

Commodities Financed and Financial Control		
LLIN financing 2020 projection (% of need)		100
Public sector RDT financing 2020 projection (% of need)		100
Public sector ACT financing 2020 projection (% of need)		100
World Bank rating on public sector management and institutions 2018 (CPIA Cluster D)		3.4
Insecticide Resistance Monitoring, Implementation and Impact		
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010		4
Insecticide resistance monitored since 2015 and data reported to WHO		
National Insecticide Resistance Monitoring and Management Plan		
Country Reporting Launch of Zero Malaria Starts with Me Campaign		
Scale of Implementation of iCCM (2017)		
Operational LLIN/IRS coverage (% of at risk population)	▼	74
On track to reduce case incidence by ≥40% by 2020 (vs 2015)		
On track to reduce case mortality by ≥40% by 2020 (vs 2015)		
Tracer Indicators for Maternal and Child Health and NTDs		
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2018)		
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2018)		68
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2018)		61
% deliveries assisted by skilled birth attendant		62
Postnatal care (within 48 hrs)		53
Exclusive breastfeeding (% children < 6 months)		61
Vitamin A Coverage 2018 (2 doses)	▲	59
DPT3 coverage 2018 (vaccination among 0-11 month olds)		92

Key

	Target achieved or on track
	Progress but more effort required
	Not on track
	No data
	Not applicable

Malaria

Sustaining Essential Health Services During the COVID-19 Pandemic

The COVID-19 pandemic is putting an incredible strain on health systems across Africa. Health systems are required to maintain routine health services for other illnesses even as they handle the additional burden. In order to prevent widespread morbidity and mortality, it is of vital importance that we work to sustain the delivery of essential life-saving interventions during this difficult time including for Reproductive, Maternal, Newborn, Child and Adolescent health including malaria.

WHO underlines the critical importance of sustaining efforts to prevent, detect and treat malaria during the COVID-19 pandemic. It is of vital importance to ensure the continuity of malaria prevention and treatment services including distribution of insecticide-treated nets and indoor residual spraying, as well as chemoprevention for pregnant women (intermittent preventive treatment in pregnancy). Any intervention must consider the importance of both lowering malaria-related mortality and ensuring the safety of communities and health workers given the ease of transmission of COVID-19.

For Kenya, it will be of vital importance to ensure that the universal coverage campaign for long-lasting insecticidal nets (LLINs) scheduled for 2020 goes ahead, whilst taking into account physical distancing, in accordance with the recent guidance and recommendations from WHO and the RBM Partnership to End Malaria. Without this campaign, coupled with the need to sustain essential health services including malaria case management, there will be an increase in malaria cases and deaths. Under the worst-case scenario, in which all ITN campaigns are suspended and there is a 75% reduction in access to effective antimalarial medicines, WHO estimate that there could be a 37% increase in malaria cases, and a 144% increase in malaria deaths in Kenya. This scenario would represent a complete reversal in the substantial progress in malaria mortality reductions seen over the last 2 decades.

Global Fund Update

The Global Fund has announced that Kenya will receive US\$415.3 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2021-2023. 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\$87 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 accelerate progress.

Progress

Kenya has secured the resources required to sustain universal coverage of essential malaria control interventions in 2020. The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO. Kenya has completed the national insecticide resistance monitoring and management plan. Kenya has a high rating in terms of public sector management systems (CPIA cluster D). The country is implementing 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 2018 was 9,950,781.

Key Challenge

- Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health including malaria.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Address funding	Ensure the GF malaria funding application is submitted by Q3 2020 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	Q3 2020		Deliverable not yet due
Emergency Preparedness	Following the extensive flooding in the country, ensure that the emergency response plan is in place to respond to any potential upsurges of malaria	Q2 2020		In 2019, the Division of the National Malaria Programme (DNMP) with support from partners conducted training, mentorship, reviewed surveillance data and provided technical support to all epidemic prone counties on Malaria Epidemic preparedness and Response (EPR). 320 health managers from 26 counties and 127 sub-counties were trained on malaria EPR planning and threshold setting to monitor any upsurges in malaria cases. All the epidemic prone counties had a costed Malaria EPR plan and a functional Rapid Response Team trained on Malaria Epidemic Preparedness and Response. Following reports of malaria upsurges in Keiyo Marakwet and Baringo County, it was found that the number of cases of malaria was high following flooding. Elgeyo Marakwet County received stocks of commodities which were distributed to facilities. Elgeyo Marakwet county also implemented targeted IRS. Social Behaviour Change activities was conducted at community level. The DNMP in collaboration with Kenya Medical Supplies Agency and county HMTs quantified the emergency buffer stocks needed and distributed them to the affected areas. In 2020, the programme will distribute over 15 million nets to 27 high malaria burden counties

New Key Recommended Actions

Objective	Action Item	Suggested completion timeframe
Vector control	Work to address the falling LLIN coverage	Q4 2020
Impact	Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic	Q4 2020

RMNCAH and NTDs

Progress

Kenya has achieved high coverage of the tracer RMNCAH intervention exclusive breastfeeding and has recently increased coverage of DPT3. The country has significantly enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn, Child and Adolescent Health Scorecard.

Progress in addressing Neglected Tropical Diseases (NTDs) in Kenya is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, schistosomiasis, soil transmitted helminths and trachoma. Preventive chemotherapy coverage in Kenya for trachoma is very low at 1%, and is not reported for lymphatic filariasis, soil transmitted helminths and schistosomiasis.

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
NTDs	Submit the preventive chemotherapy coverage data for Lymphatic Filariasis, Soil Transmitted Helminths and Schistosomiasis to WHO and work to increase the preventive chemotherapy coverage for Trachoma	Q1 2020		In Kenya, trachoma control is managed by partners but the country is working hard to integrate it into the existing NTD programme. The country is also working to obtain the missing MDA data to be submitted to WHO

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
RMNCAH ¹ : Impact	Ensure that essential RMNCAH services are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic	Q4 2020

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

¹ RMNCAH metrics, recommended actions and response tracked through WHO