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 2019 was 5,050,388 and 858 deaths.
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, Neglected Tropical Diseases and malaria.

For Kenya, it was important to ensure that the universal coverage campaign for long-lasting insecticidal nets (LLINs) went ahead, whilst taking into account physical distancing, in accordance with the 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.

It is essential to ensure the continuity of malaria, RMNCAH and NTD services in 2021 as the COVID-19 pandemic continues to impact our continent. This may include the implementation of any necessary catch-up activities and ensuring timely planning to account for potential delays in procurement and delivery. Any intervention must ensure the safety of communities and health workers given the ease of transmission of COVID-19.

Progress

Kenya secured the resources required to sustain universal coverage of essential malaria control interventions in 2021 and has sufficient stocks in place. 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). Kenya has recently launched the Zero Malaria Starts with Me campaign. The country is implementing iCCM.

In line with the legacy agenda of the ALMA chair, His Excellency President Uhuru Kenyatta, Kenya has significantly enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control and Elimination Scorecard and has posted the scorecard to the ALMA Scorecard Knowledge Hub. The country has also launched the End Malaria Council in Q1 2021.

Impact

The annual reported number of malaria cases in 2019 was 5,050,388 and 858 deaths.

Key Challenge

- Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health, malaria and Neglected Tropical Diseases.
Previous Key Recommended Actions

<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>Impact</td>
<td>Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic</td>
<td>Q4 2020</td>
<td></td>
<td>The MoH has aired prime-time radio and television messages to encourage the population to seek malaria services during the COVID-19 pandemic. The Cabinet Secretary for Health emphasized the importance of seeking treatment for malaria during his regular COVID-19 pandemic updates. The plan of action for the LLIN campaign has been revised to incorporate the necessary mitigation measures and approaches to be followed amidst COVID-19 during the campaign implementation. Epidemic prone counties have been trained to enhance epidemic preparedness ahead of the long rains to ensure they are better prepared to respond to any malaria upsurges. The country has received sufficient RDTs and ACTs to serve the population and the same were distributed to the health facilities in February and health facilities are providing uninterrupted malaria services.</td>
</tr>
<tr>
<td>Address vector control coverage</td>
<td>Address falling vector control coverage by accelerating the universal coverage campaign</td>
<td>Q4 2021</td>
<td></td>
<td>Over 3.5 million LLINs were shipped to the country in Q4 2020. The planned mass LLIN distribution campaign activities are at an advanced stage of implementation and mass distributing is planned to kick off on the first week April 2021</td>
</tr>
</tbody>
</table>

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 is 93% for lymphatic filariasis, 46% for trachoma, 28% for soil transmitted helminths and 20% for schistosomiasis. Overall, the NTD preventive chemotherapy coverage index for Kenya in 2019 is 39, which represents a substantial increase compared with the 2018 index value (4).
## 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>RMNCAH(^1): Impact</td>
<td>Ensure that essential RMNCAH services are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic. Address any stock-outs of essential RMNCAH commodities</td>
<td>Q4 2020</td>
<td><strong>Yellow</strong></td>
<td>The MoH developed and circulated guidelines on the continuation of service delivery to all counties. Health facility attendance improved in most counties following the easing of COVID-19 restrictions. Health workers and Community Health Volunteers have been trained on COVID-19 guidelines including general protection and use of PPEs.</td>
</tr>
<tr>
<td>NTDs</td>
<td>Ensure that NTD interventions including Mass Drug Administration, vector control and Morbidity Management and Disability Prevention are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic. This includes prioritising key necessary catch-up activities</td>
<td>Q4 2021</td>
<td><strong>Yellow</strong></td>
<td>By respecting COVID-19 preventive measures, Kenya resumed the NTD interventions in August 2020. The country organized the MDA for Lymphatic Filariasis from November to December 2020 and in December 2020 the Trachoma impact assessment was conducted. In October and November 2020, a granular mapping of Soil Transmitted Helminths and Schistosomiasis was conducted in the Coast Region, followed by a training of trainers on MDA. The first STH and SCH wave of MDA for school age children was conducted in February 2021 in some counties and the activity will be continued in the remaining targeted counties by end March 2021.</td>
</tr>
</tbody>
</table>

### Key

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

---

\(^1\) RMNCAH metrics, recommended actions and response tracked through WHO