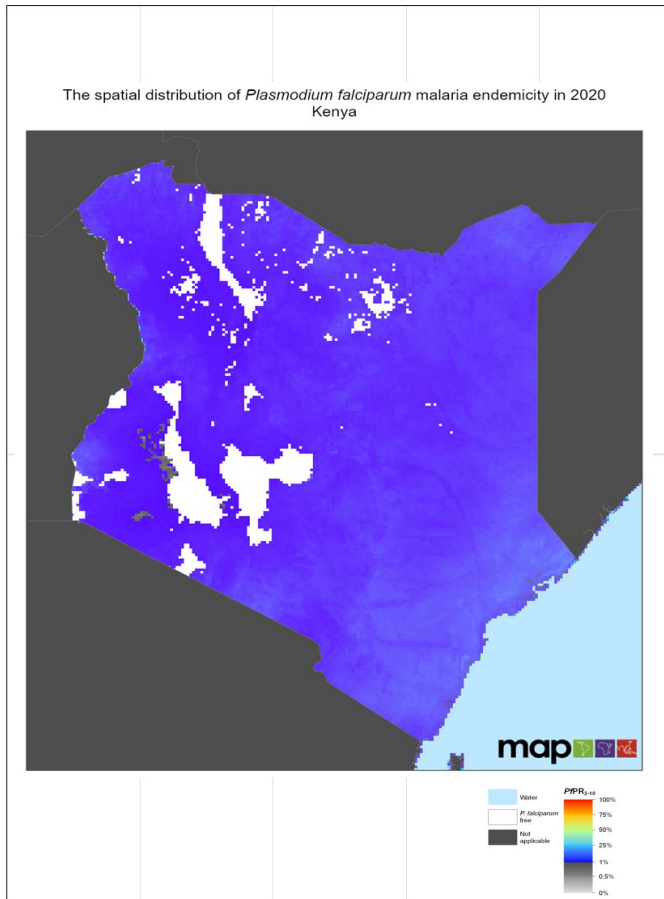


Scorecard for Accountability and Action



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 2024 was 5,229,715 and 437 deaths.

Metrics

Policy	
Signed, ratified and deposited the AMA instrument at the AUC	
Malaria activities targeting refugees in Malaria Strategic Plan	
Malaria activities targeting IDPs in Malaria Strategic Plan	
Zero Malaria Starts With Me Launched	
End Malaria Council and Fund Launched	
Resistance Monitoring, Implementation and Impact	
Drug efficacy studies conducted since 2019 and data reported to WHO	
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	5
Insecticide resistance monitored since 2020 and data reported to WHO	
% of vector control in the last year with next generation materials	84
ACTs in stock (>6 months stock)	
RDTs in stock (>6 months stock)	
On track to reduce malaria incidence by at least 75% by 2025 (vs 2015)	
On track to reduce malaria mortality by at least 75% by 2025 (vs 2015)	
Tracer Indicators for Maternal and Child Health and NTDs	
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2024)	62
% of Neglected Tropical Disease MDAs Achieving WHO Targets	50
National Budget Allocated to NTDs	
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2024)	76
DPT3 coverage 2024 (vaccination among 0-11 month olds)	91
Climate Change and VBDs in NDCs	

Key

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



Malaria- The Big Push towards 2030

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. Countries must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, decreasing ODA, increasing biological threats, climate change, and humanitarian crises. These threats represent the most serious emergency facing malaria in 20 years and will lead to malaria upsurges and epidemics if not addressed. To get back on track and eliminate malaria, US\$5.2 billion is needed annually to fully finance country national malaria plans, and urgently fill gaps created by the recent reductions in ODA. Extreme weather events and climate change present a significant threat. By the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Countries must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the invasive *Anopheles stephensi* mosquito which spreads malaria in both urban and rural areas. The malaria toolkit continues to expand. WHO has approved the use of dual-insecticide mosquito nets that are 43% more effective than traditional mosquito nets and will address the impact of insecticide-resistance. WHO have also recently approved the use of Spatial Repellents. New medicines for treating malaria and two malaria vaccines for children have also been approved with an increasing number of countries deploying these new tools. Malaria can serve as a pathfinder for primary health care strengthening, climate change and health, and Universal Health Coverage. Countries must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD Councils and Funds, which have raised over US\$218 million to date.

A recent report by ALMA and MNM UK, “The Price of Retreat,” highlights the expected impact of malaria between 2025-2030 on GDP, trade and key sectors for development in Africa. If Kenya cannot sustain malaria prevention due to reductions in malaria financing, this would lead to an estimated 7,049,087 additional cases, 23,810 more deaths, and GDP loss of US\$4.8 billion between 2025 and 2030. However, if we mobilise the necessary resources and achieve a 90% reduction in malaria, in Kenya there will be a US\$15.6 billion increase in GDP.

Global Fund Allocation

The Global Fund allocation for Kenya for Grant Cycle 8 is US\$324.4 million for HIV, tuberculosis, malaria, and health systems strengthening for 2027-2029. The malaria component has been allocated US\$67.9 million. The allocations to the individual disease components are not fixed, and can be adjusted 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 coverage as much as possible.

Progress

Kenya has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO. Kenya has launched the Zero Malaria Starts with Me campaign. The country has good stocks of ACTs and RDTs.

In line with the priority agenda of the ALMA chair, President Advocate Duma Gideon Boko, 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 Hub. The Kenya End Malaria Council is operational and the Kenya malaria youth army has also been launched. The Honourable Cabinet Secretary of Health has been appointed as an ALMA RBM Malaria champion.

Impact

The annual reported number of malaria cases in 2024 was 5,229,715 and 437 deaths.

Key Challenge

- Funding gaps to fully deliver the malaria national strategic plan, including the recent reductions in ODAs

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Impact	Track the Work to ensure that malaria elimination is prioritised in the America First Global Health Strategy Country Memorandum of Understanding, and that costed prioritised plans are developed	Q1 2026		The MOH has signed a bilateral MOU with the USG amounting 1.6 billion USD for a period of 5 years. The investment includes strengthening surveillance, data, commodities (including for malaria), procurement, workforce, and strategic investment and technical assistance.

Kenya has responded positively to the recommended action addressing drug resistance monitoring and inclusion of refugees in the National Strategic Plan, and continues to track progress as actions are implemented.

Reproductive, Maternal, Newborn, Adolescent and Child Health

Progress

Kenya has achieved high coverage of the tracer RMNCAH intervention DPT3. The country has significantly enhanced the tracking and accountability mechanisms with the development of a Reproductive, Maternal, Newborn, Child and Adolescent Health Scorecard and has published it on the scorecard hub.

Neglected Tropical Diseases

Progress

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. In 2024, preventive chemotherapy coverage was 95% for schistosomiasis, 28% for trachoma, 59% for soil transmitted helminthiasis and 97% for lymphatic filariasis. Overall, the NTD preventive chemotherapy coverage index for Kenya in 2024 is 62 which represents a substantial increase compared with the 2023 index value of 44. The country reached WHO MDA coverage targets for lymphatic filariasis and schistosomiasis only. Kenya has created a budget line for NTDs.

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Climate Change and health	Work to collate data on the impact of climate change on Vector Borne disease and incorporate into the next round on National Determined Contributions and National Climate Change Action Plans	Q4 2025		Kenya has updated NDC (2031-2035) and National Climate Change Adaptation plan (NCCAP 2023-2027) and included health as a priority sector and notes the expansion of transmission of climate-sensitive vector borne diseases. However, in-depth data linking climate change and vector borne diseases is yet to be collated and used to inform more robust disease-specific adaptation plans. A climate and health secretariat within the MOH aims to facilitate coordination across departments/programmes and feed into future NDC updates policymakers, can enhance resilience

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due