

# Lessons Learnt during Implementation of R,TSS



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# Malaria Control in Kenya

- Malaria is a major public health problem in Kenya, accounting for 18% of outpatient visits
- Kenya envisions a malaria free country and has made significant strides in reducing the malaria burden
  - Malaria prevalence has declined from 11% in 2010 to 6% in 2020

This has been achieved through a mix of proven interventions:

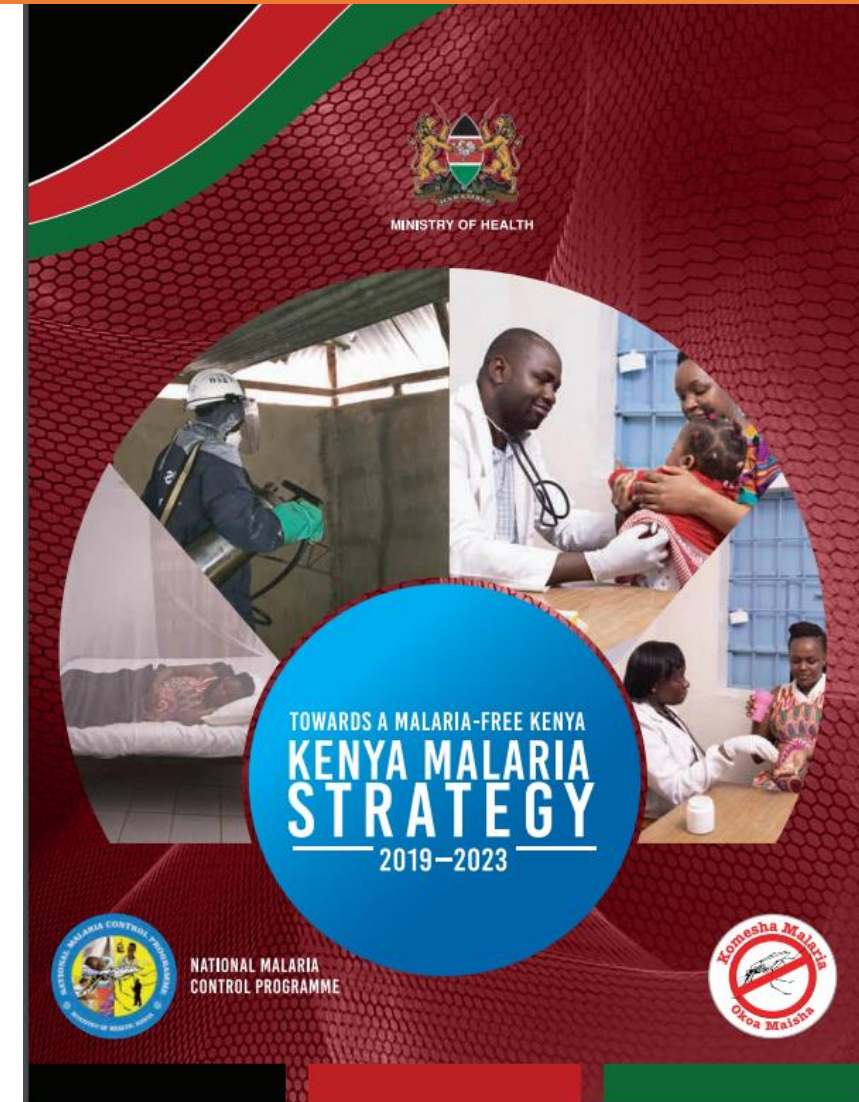
- Prompt diagnosis and treatment
- Vector control- LLINs, IRS
- Prevention of malaria in pregnancy

# Malaria Control in Kenya

- Challenges facing malaria control have included: emerging resistance to insecticides and antimalarial therapies, changing climatic patterns & mosquito vector behaviors, Covid19 pandemic
- To win the fight in malaria control, the DNMCP has since 2019, piloted new approaches:
  - Implementation of the RTS,S malaria vaccine
  - Larval source management
  - Malaria elimination in targeted counties

# Malaria Vaccine in Kenya

- Current KMS supports new innovations and technologies in malaria prevention strategies.
- Malaria vaccine research begun as operational research under the then surveillance, monitoring, evaluation, and operational research( SMEOR) working group of the national malaria control program.
- DNMP and EPI jointly collaborated under the Kenya malaria vaccine sub-committee (KMOVSC) of the Operations research (OR) technical working group (TWG) to compile evidence for an adoption decision.



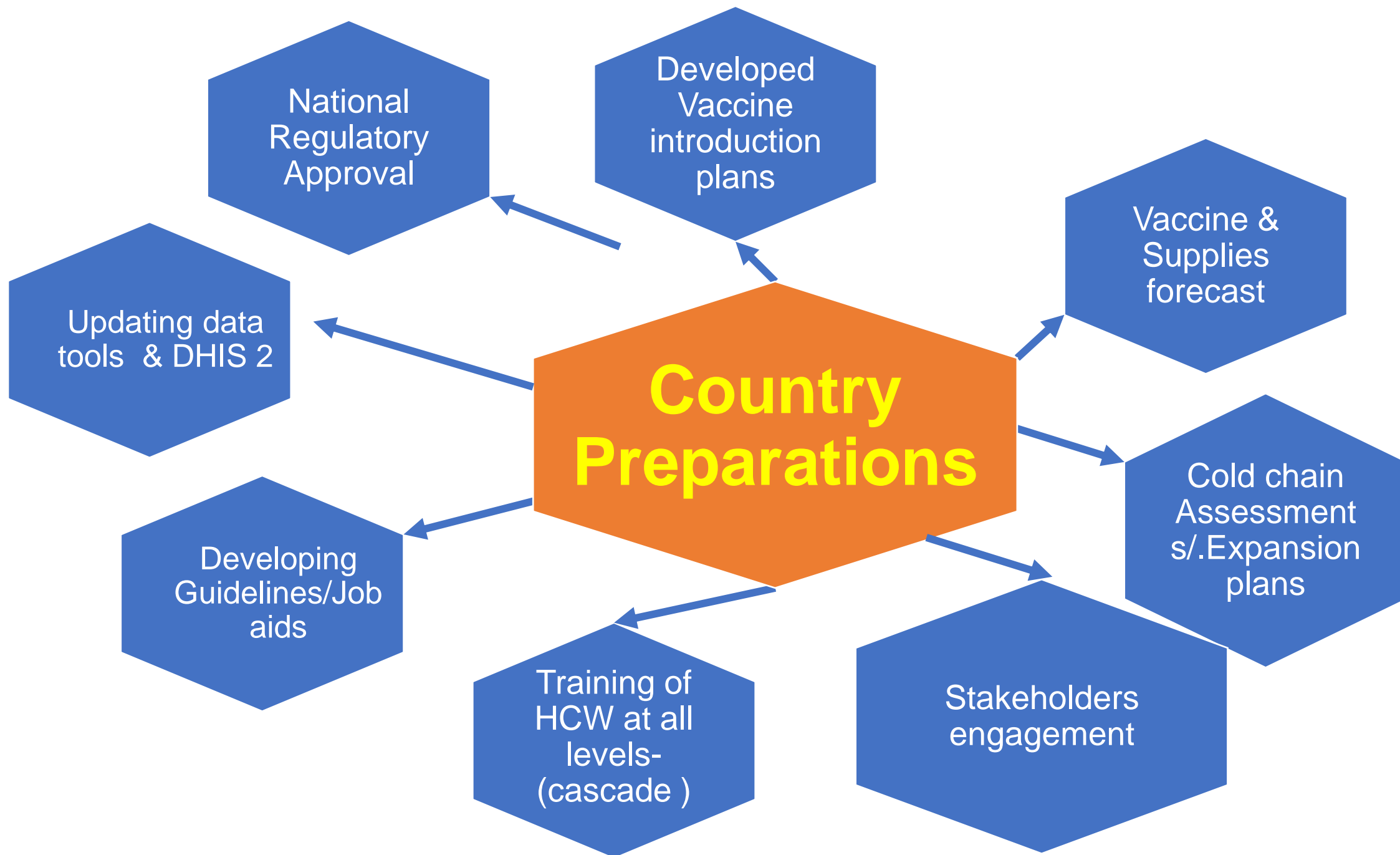
# Joint Collaboration between the EPI /Malaria Programs

- Joint formal application to participate in the malaria vaccine pilot
- Advocacy for the malaria vaccine during World Malaria Day
- Cluster selection processes
- Engagement of malaria and EPI coordinators at county level



# Country Selection Announcement In Kenya— April 24, 2017





# Pre- Introduction Advocacy Activities

- Engagement of health care worker associations eg Kenya Paediatrics Association
- Engagement of Senior County Health Managers in the 8 malaria endemic counties
- Engagement of county malaria and EPI Coordinators
- Engagement of religious associations eg Catholic Health Commission of Kenya during annual scientific conferences
- Engagement of malaria and immunization partners through the TWG and ICC formats
- Engagement of academia (University of Nairobi) through webinars/seminar.

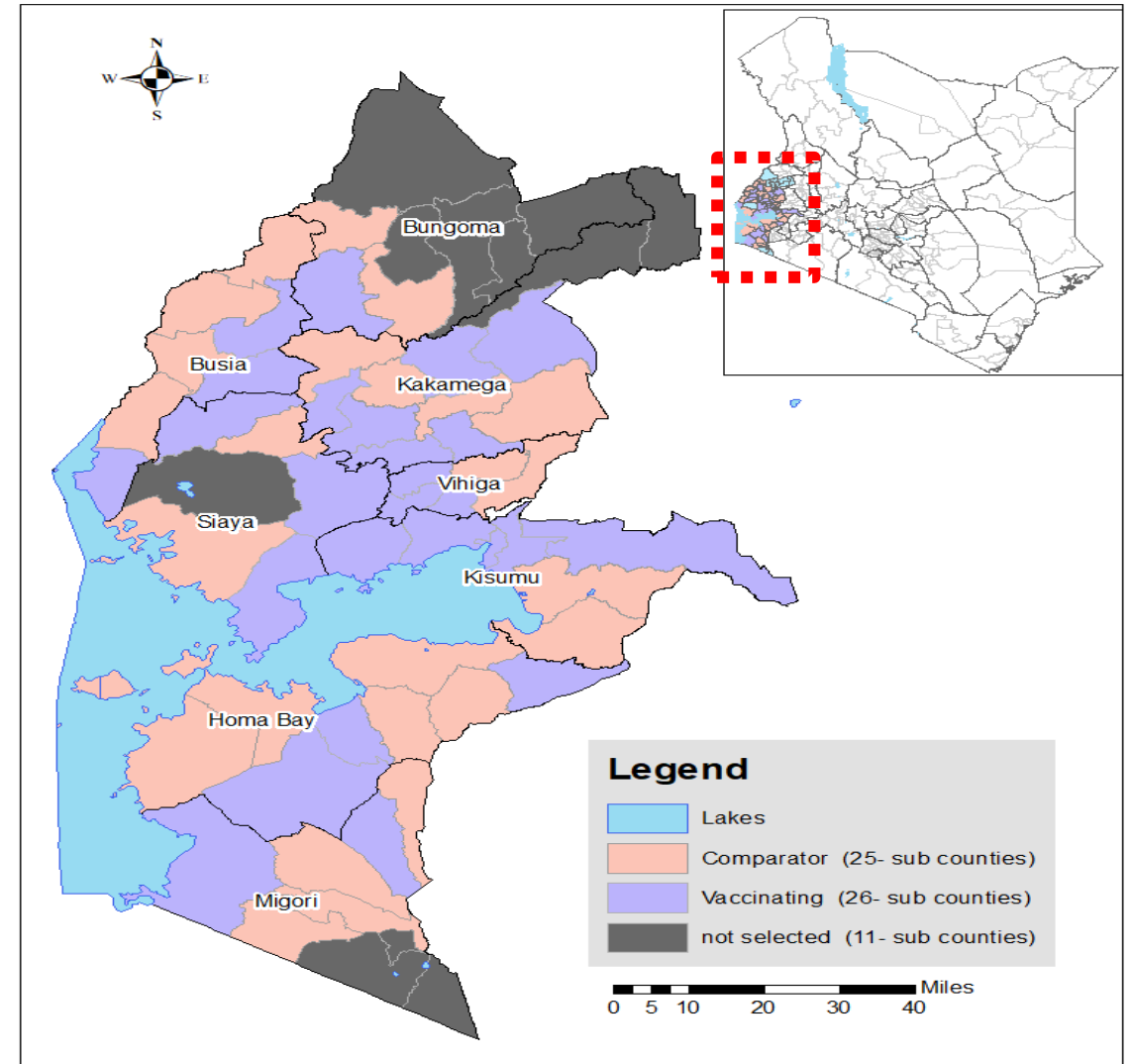




Community  
Engagement

# Malaria vaccine introduction in Kenya

- Malaria vaccine (MV) introduced into national routine immunization programme:
  - In 8 high burden counties<sup>1</sup>
  - In 26 selected Sub-Counties (purple on map)
  - 603 implementing facilities
  - Annual target of 143,388 children (monthly – 11,949)
- First child vaccinated on 13<sup>th</sup> September 2019



<sup>1</sup> Bungoma, Vihiga, Kakamega, Busia, Kisumu, Homa Bay, Siaya and Migori

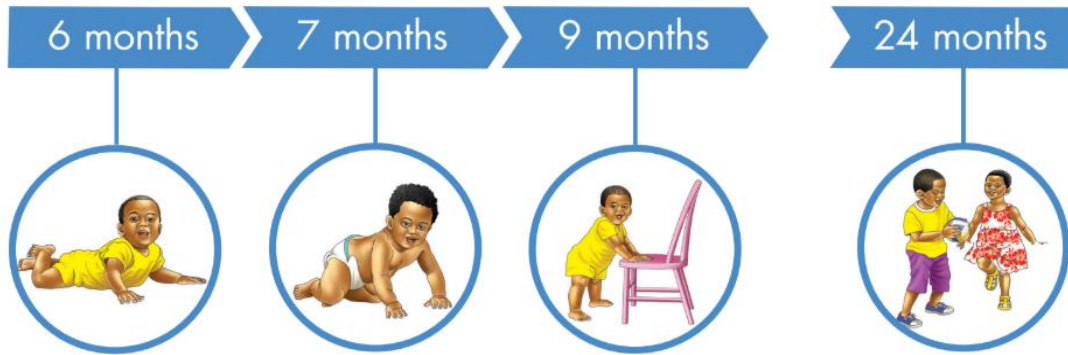


Malaria vaccine launch  
Sept 13, 2019

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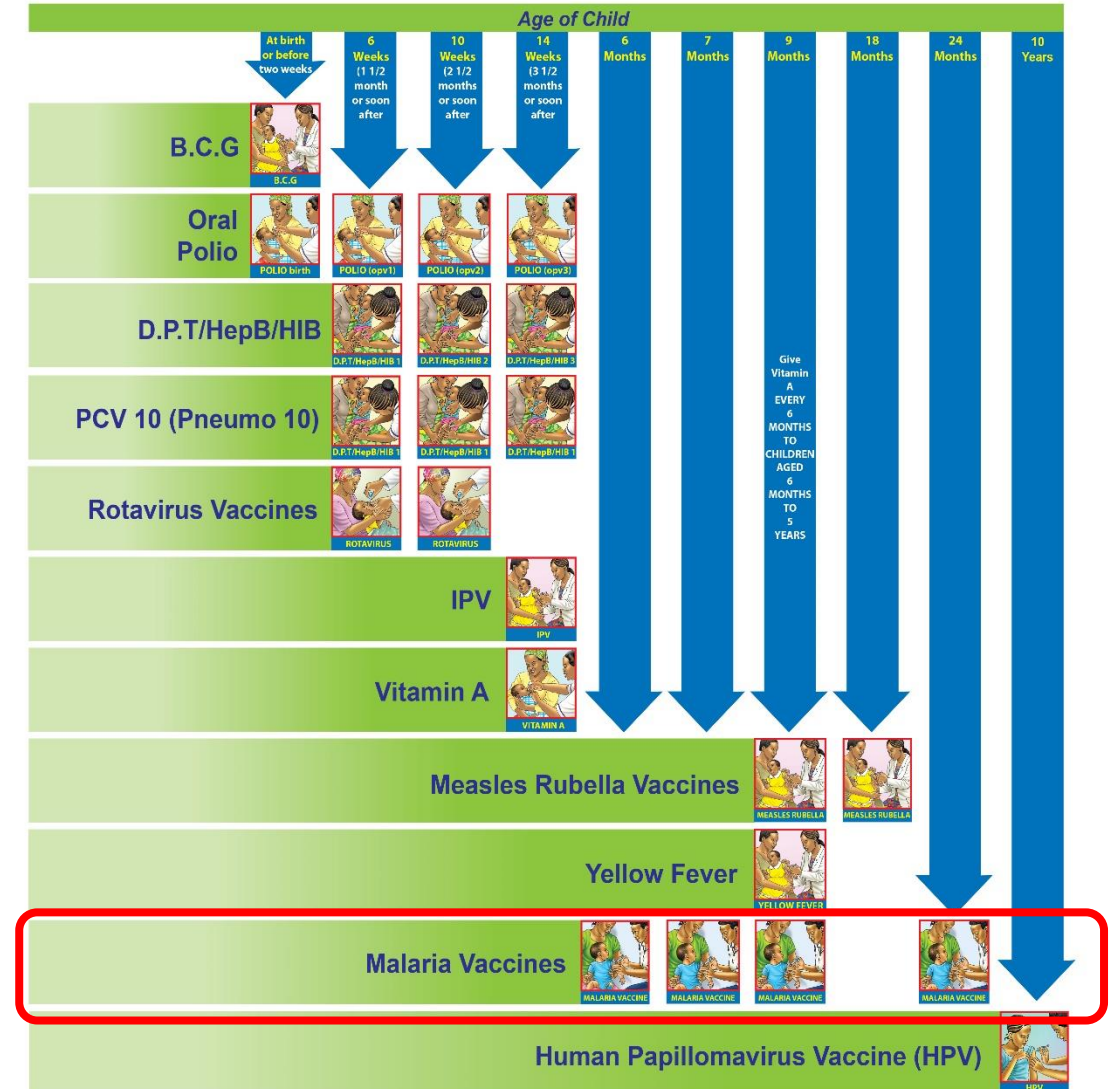
# Integration of Malaria Vaccine into Routine Schedule

Complete malaria vaccination = 4 injections



## New visits provide opportunities:

- catching up missed doses
- integrate other child health services (growth monitoring, vitamin A, deworming, ...)
- strengthen second year of life platform



# Vaccine as a complementary malaria control tool

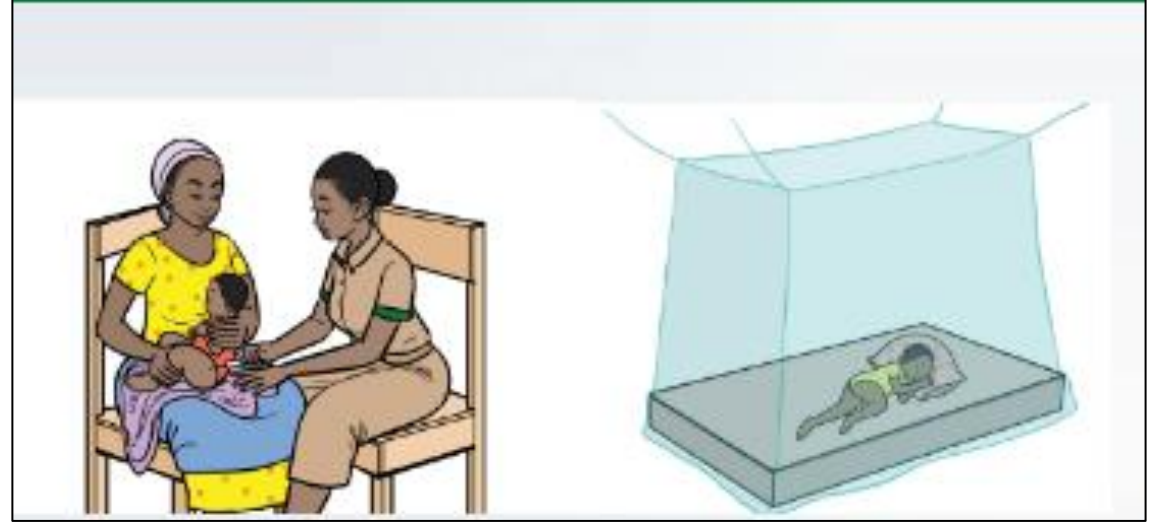
In addition to vaccination, continue to use other methods to protect your child from malaria.



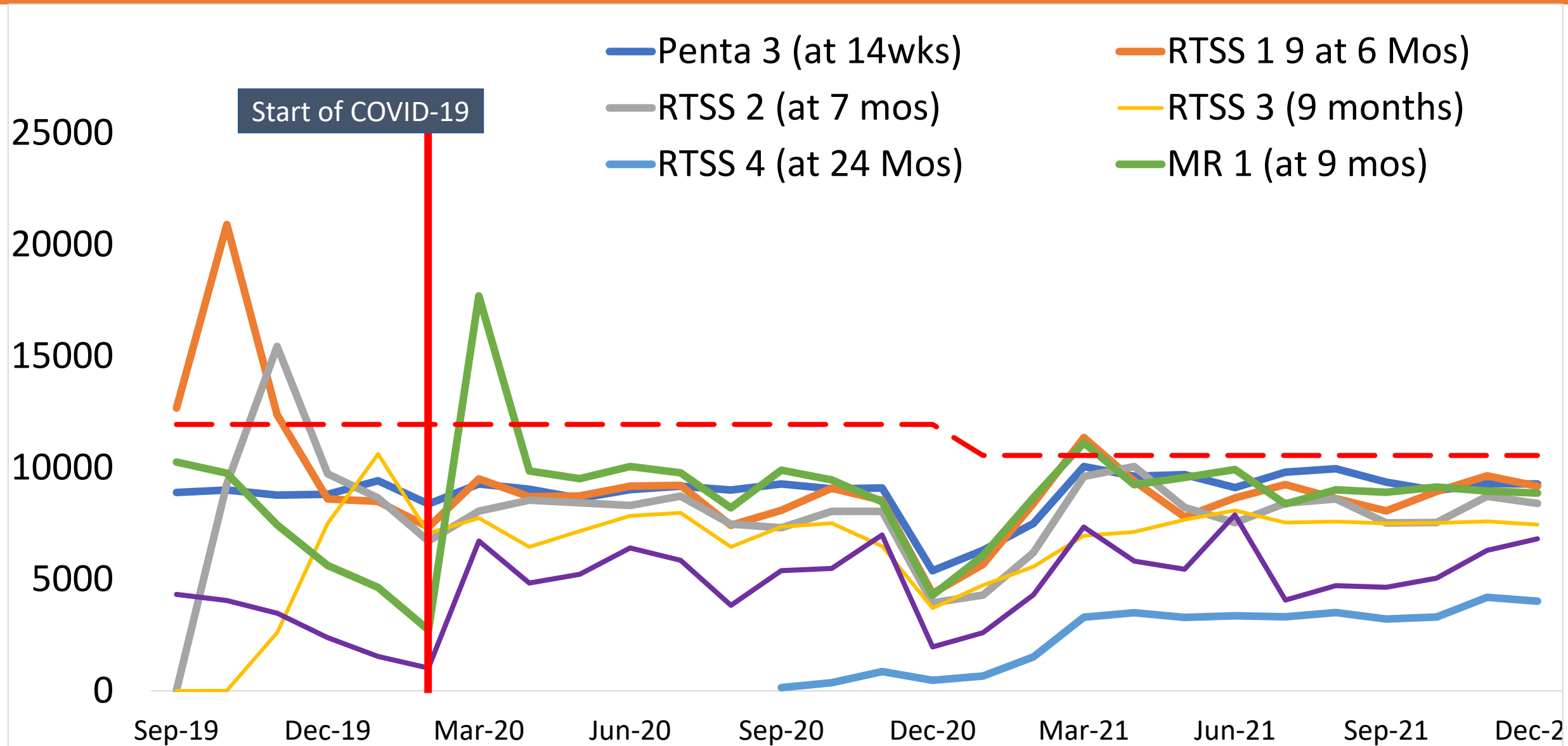
## KEY MESSAGES

Malaria is preventable and treatable

- Complete all four doses of malaria vaccine for best protection.
- Ensure your child sleeps under an insecticide treated net every night and throughout the night.
- If the child tests positive for malaria, give the full course of anti - malaria even when your child starts feeling better.



# Comparative immunization performance



# AEFI Surveillance

- Routine AEFI Surveillance

- RTS,S incorporated into routine system for AEFI reporting, investigation and causality assessment.
- Created opportunities for HCW trainings on AEFI and availing of additional AEFI tools

- Evaluation

- Sentinel Surveillance sites in 6 high volume hospitals to follow up signals

- GSK Phase 4 sites

- Continued to monitor Vaccine safety

- Challenges

- Low reporting rates from routine AEFI Surveillance system

# Health system benefits of introducing a 4 dose schedule

- 2<sup>nd</sup> year platform strengthening i.e improved measles second dose uptake in some counties.
- Strengthened other childhood interventions eg Vitamin A, deworming.
- Trainings were used to address other gaps in EPI e.g documentation, AEFI reporting, vaccines management.

# Lessons learnt during introduction

- Its feasible to introduce malaria vaccine through the existing EPI infrastructure
- Coordination with NMCP is key since the vaccine and other interventions complement each other.
- Community acceptance of intervention is high since they are aware of the disease.
- Regular supportive supervision is key in identifying and resolving challenges during implementation.
- Community Health workers play a critical role in creating and sustaining demand for vaccines.
- Sustained communication and advocacy post introduction

## Next steps

- KENITAG to provide recommendation for scale up based on the KMIS 2020.
- In country TWG to update introduction plan and budget for scale up.
- In country resource mobilization for scale up.
- Stakeholder engagement: County leadership, community, professional associations, gate keepers in the community.
- Guaranteed vaccines supplies from GSK for the pilot areas.



Thank you