Lessons Learnt implementing Malaria Vaccine in Kenya

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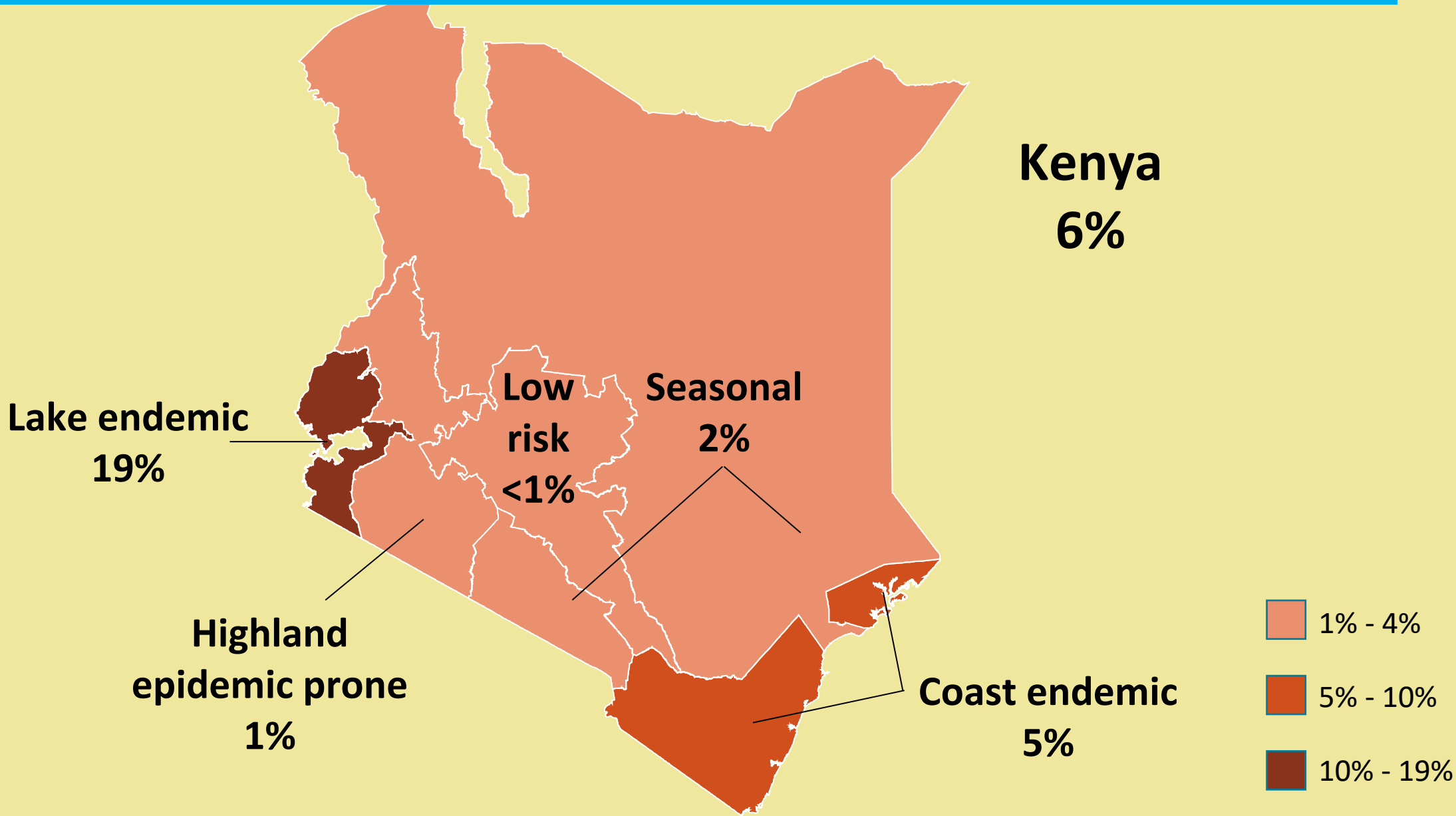
Credit: WHO/Neil Thomas.

Malaria Prevalence by Malaria Endemicity Zone KMIS 2020

Percent of children age 6 months to 14 years who tested positive for malaria by microscopy

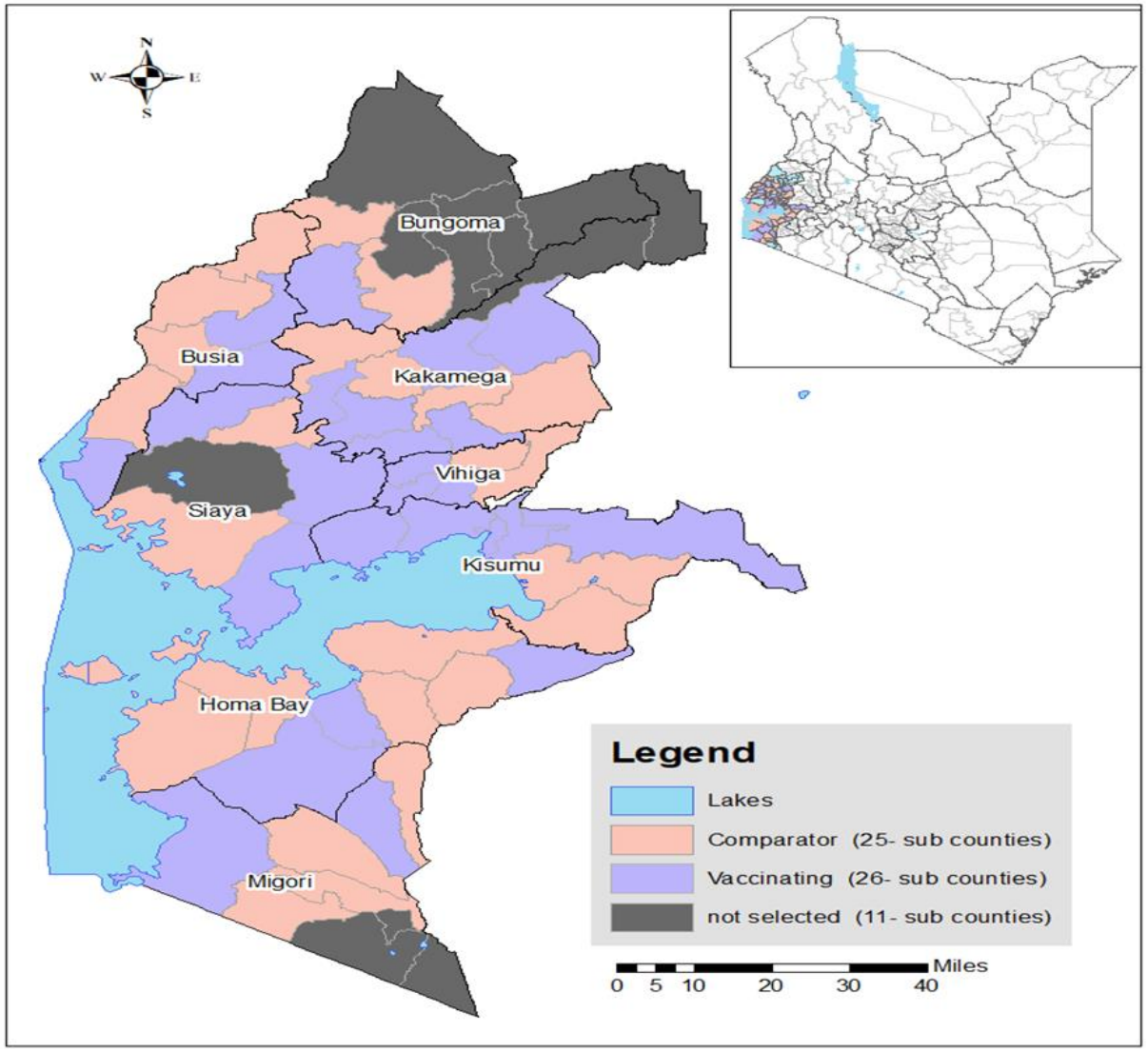


Policy Recommendation for Malaria Interventions in Kenya

Epidemiological Zone	CM	IPTp	LLINs	IRS & LSM	Surveillance	EPR	SBC	RTS,S
Lake Endemic	X	X	X	X	X		X	X
Coastal Endemic	X	X	X	X	X		X	
Highland Epidemic prone	X		X	X	X	X	X	
Seasonal (Arid, semi arid) low transmission	X				X	X	X	
Low risk	X				X		X	

CM – case management
IPTp – Intermittent preventive treatment in pregnancy
LLINs – Long lasting insecticide treated nets
IRS – Indoor residual spraying
LSM – Larval source management
EPR – Epidemic preparedness and response
SBC – Social behavior change communication
RTS,S – Through the Malaria vaccine implementation programme and planned routine immunization program

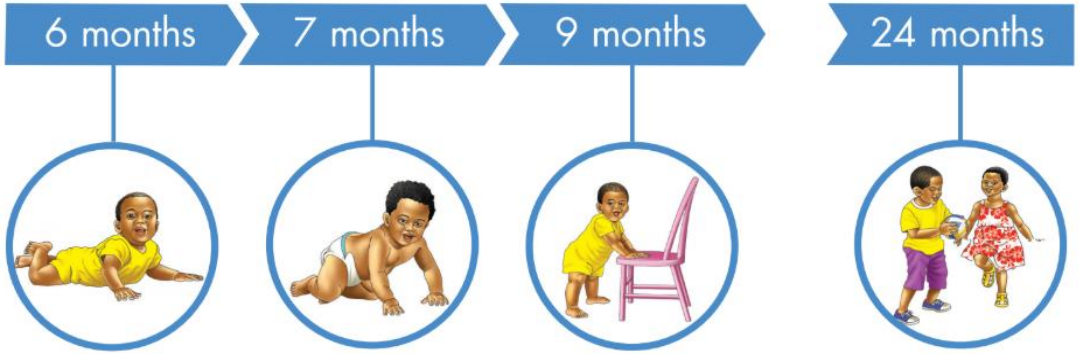
Malaria Vaccine Initial implementation areas in Kenya

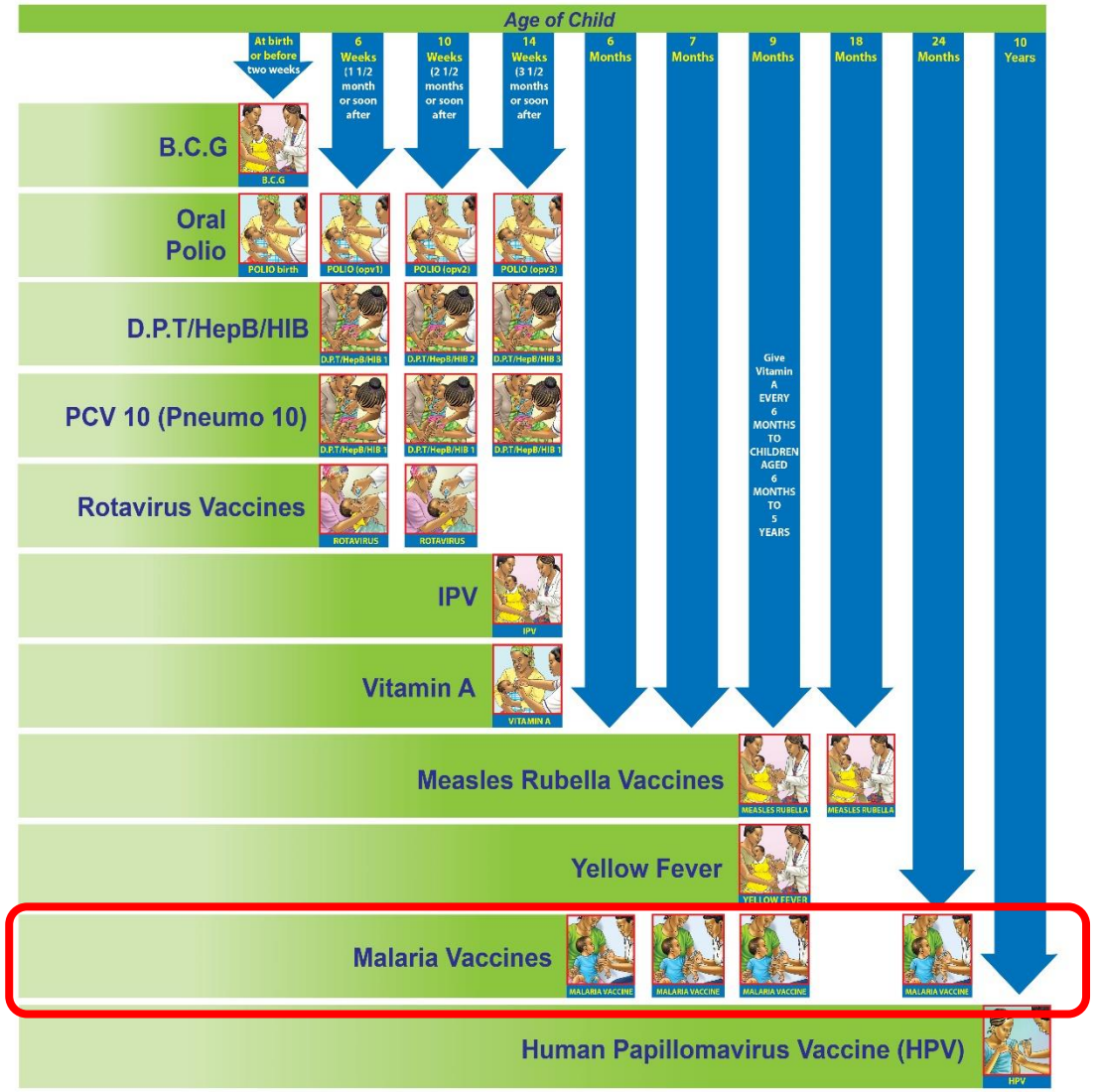


- Kenya introduced Malaria vaccine in the 8 lake endemic areas
- The introduction was done at sub-national level
- A total of 51 Sub counties participated in the pilot
  - 26 Vaccination
  - 25 comparator
  - 12 Not selected
- A total population of annual Target;126,612

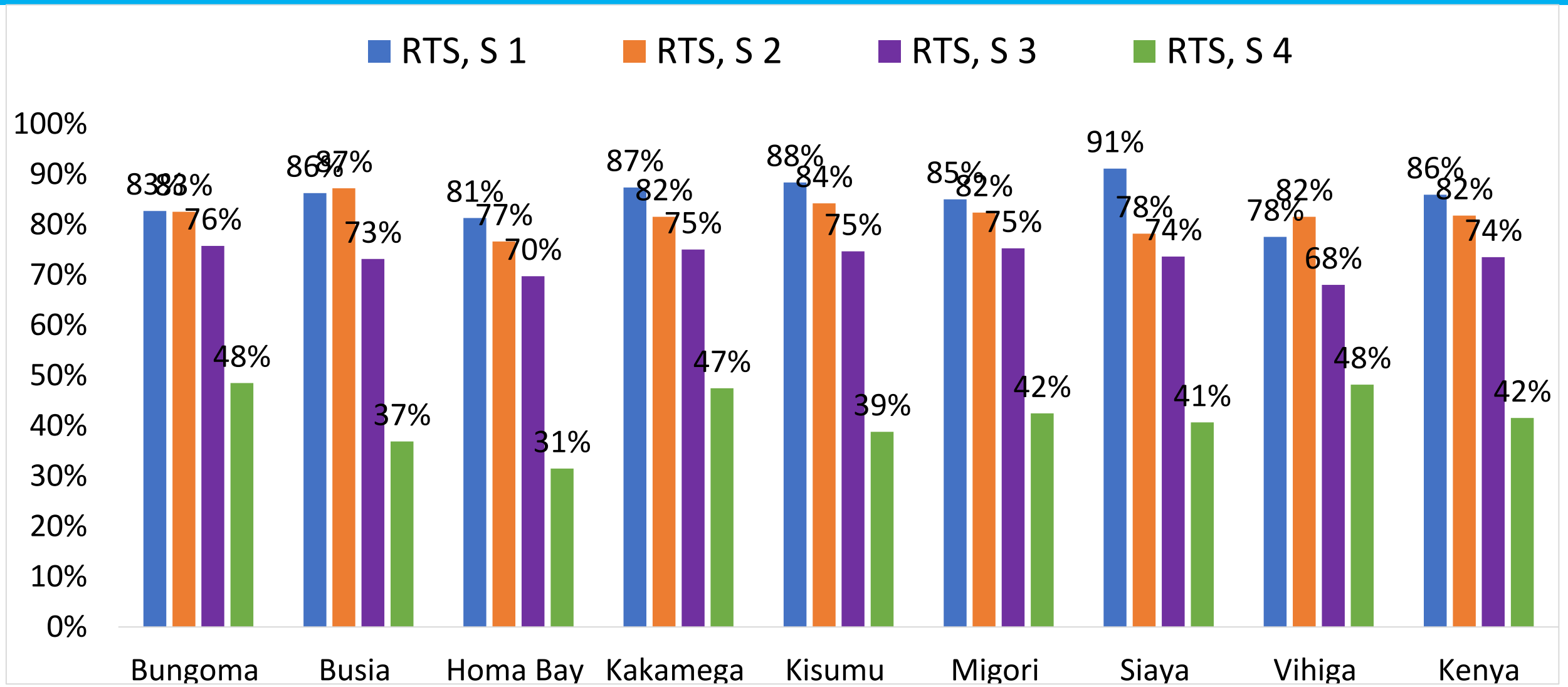
Integration of Malaria Vaccine into the health system

Complete malaria vaccination = 4 injections

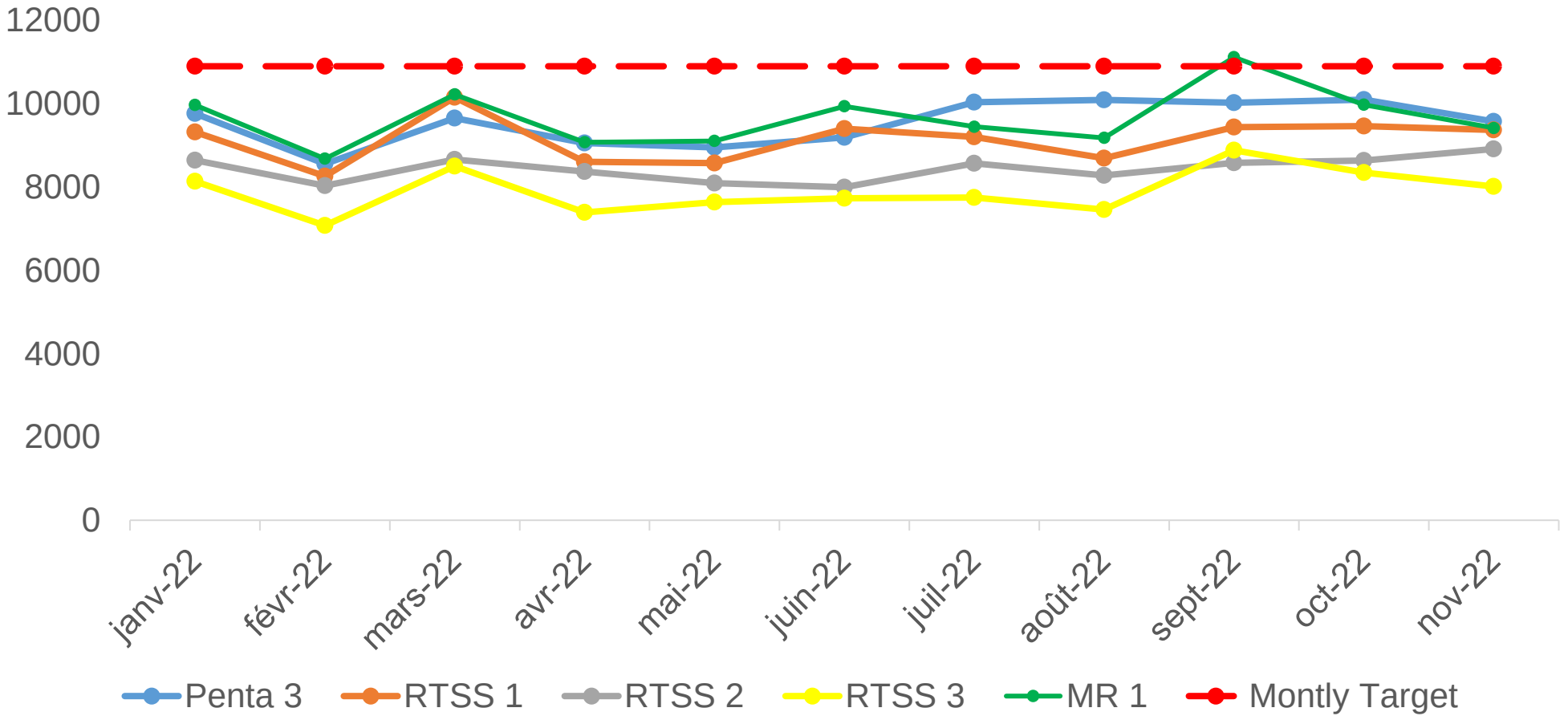




November 2022 Malaria Vaccine coverage by County



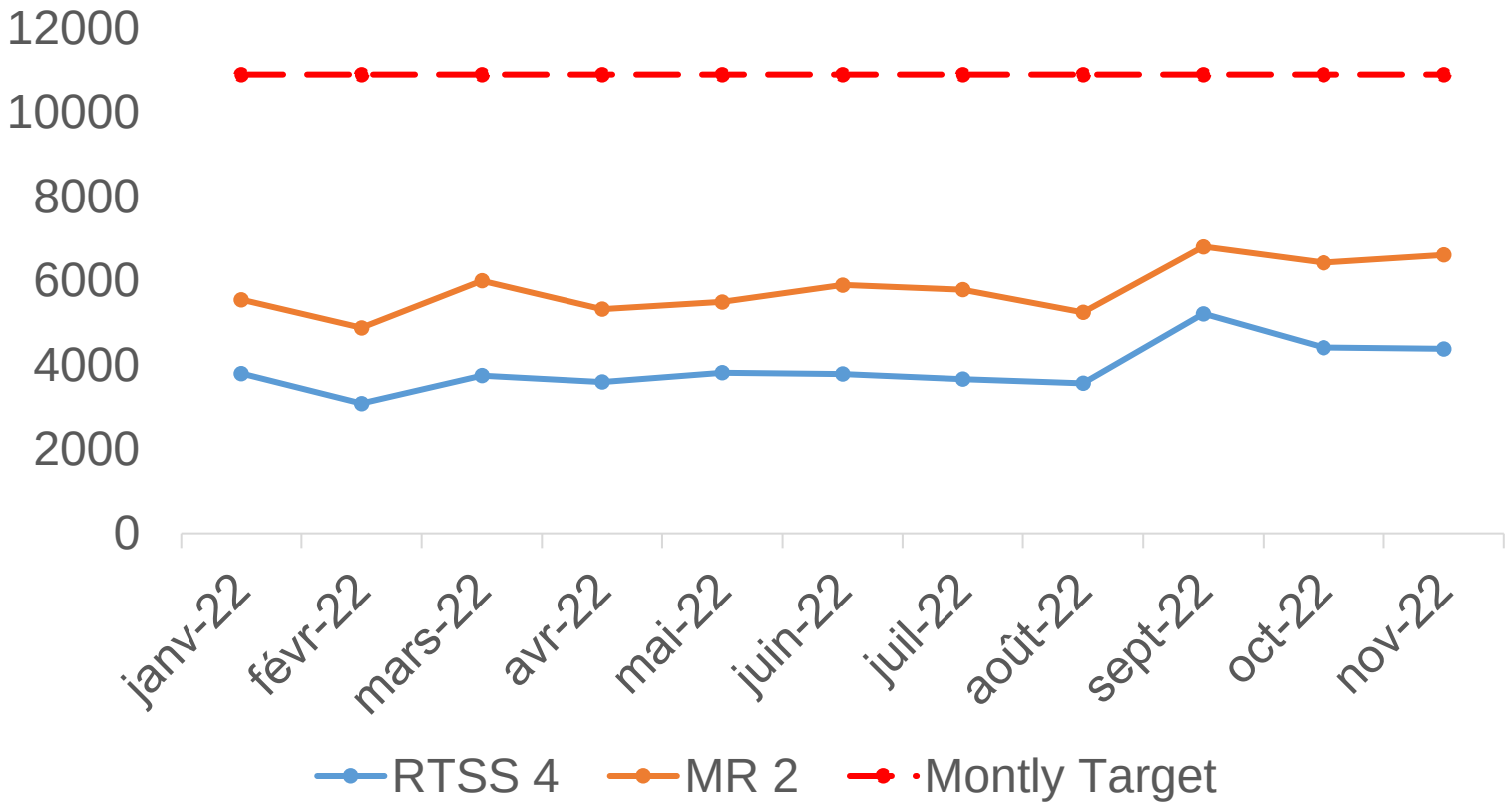
Uptake of RTS,S compared to Pentavalent 3 (at 14weeks) and Measles-Rubella 1 (at 9 months)



Last 3 months Average:

- ✓ **Penta 3: 91%**
- ✓ **RTSS1: 86%**
- ✓ RTSS 2: 80%
- ✓ **RTSS 3: 77%**
- ✓ **MR 1: 93%**

Uptake of 4th dose given at 24 months of age



	RTS,S 4	MR 2
August 2022	34%	50%
Sept 2022	49%	65%
Oct 2022	42%	61%

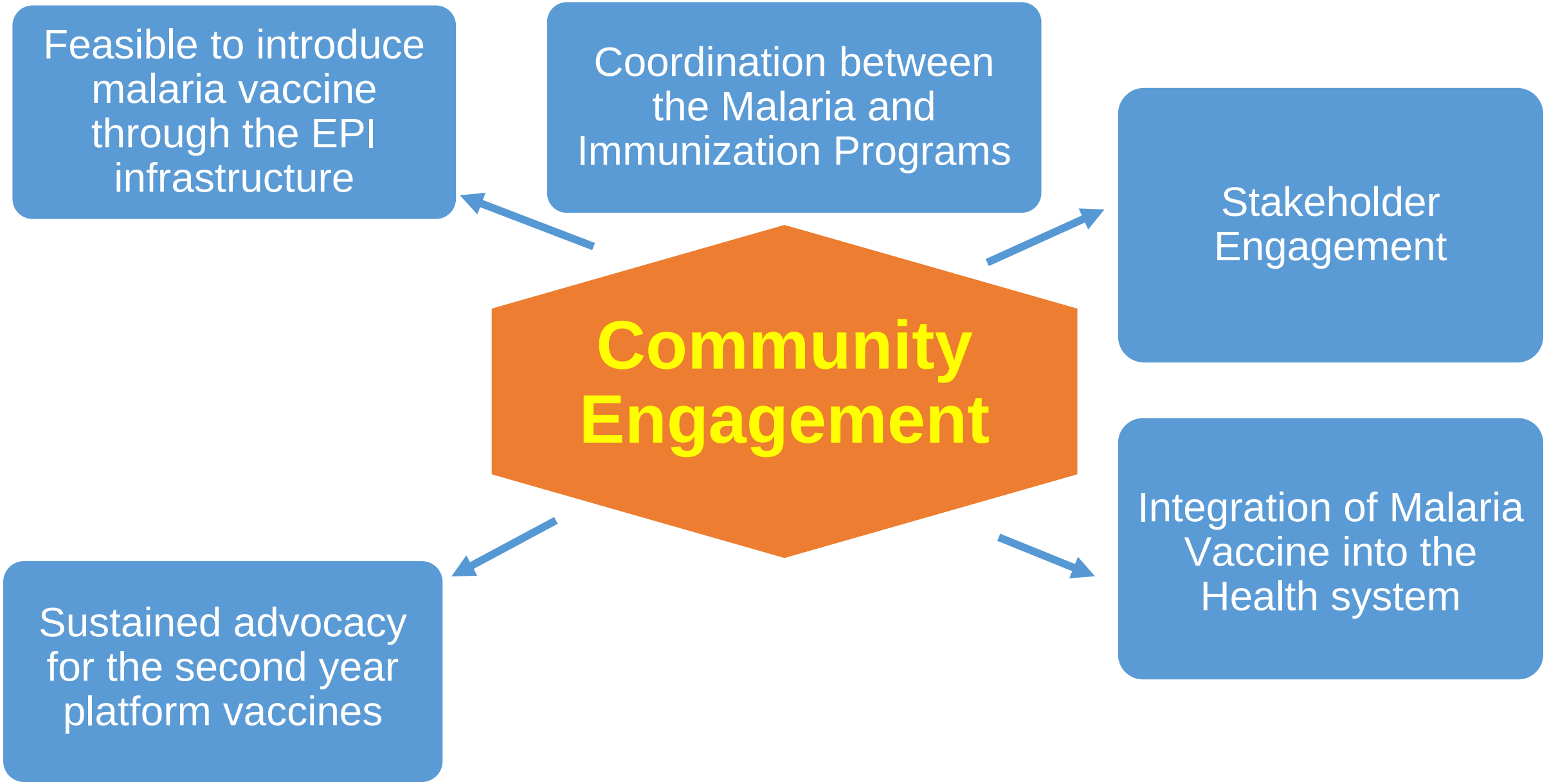
A total of 82,193 children have received the 4th dose since Sept 2020

Dose 4 uptake in last 3 months = 43% compared to MR2 at 61%.

Challenges

- Low dose four coverage
- Health worker challenges with understanding eligibility criteria
- High drop out rates
- Insufficient investment for effective community engagement

Lessons learnt in the Malaria Vaccine Introduction.



Consideration for Mass Vaccination

Vaccine Availability

Resource Intensive:
Financial, Human

Create new systems:

Data collection and Vaccine delivery

Contextual factors
Devolution-


Thank you

Opportunities for EPI/NMCP programmatic coordination

- **Data driven decision making;** Identification of malaria-endemic sub-counties to introduce the vaccine done jointly
- **Advocacy for continued investment on malaria;** World Malaria day - annual platform to increase visibility for malaria vaccine as an additional prevention tool
- **Joint communication and community engagement:** Radio shows and media briefs included messages from both malaria and immunization programs
- **Integrated service delivery work**: Immunization service delivery points (MCH) used by healthcare workers to reinforce use of malaria prevention tools

Social mobilization - PA System, Town criers)

Community Engagement/Sensitization of Community Health Volunteers

Radio Jingles

Health Education at MCHs

Kenya Paediatrics Association sensitizations in Nairobi, Kisumu and Kakamega