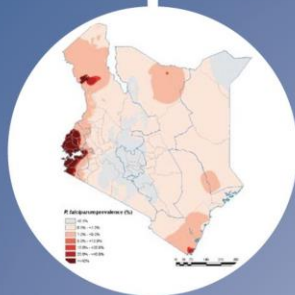




REPUBLIC OF KENYA

KENYA MALARIA POLICY

Ministry of Health
National Malaria Control Programme



Second Edition | April 2024



REPUBLIC OF KENYA

Kenya Malaria Policy 2024



Ministry of Health
National Malaria Control Programme
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Kenya Malaria
Policy 2024



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Kenya Malaria Policy 2024

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National Malaria Control Programme
P. O. Box 19982, 00202, KNH
Nairobi, Kenya
Email: ps.publichealth@health.go.ke

Foreword

Malaria is a significant health problem in Africa, and in Kenya, approximately six million cases are reported annually, with 70% of the population at risk of the disease. It also has negative effects on socio-economic growth of households and the nation through loss of work, school absenteeism, and high out-of-pocket expenditure for treatment of malaria, especially by poor households.

This policy outlines the guiding principles for malaria control and elimination in the country and gives directions regarding malaria strategies, interventions, and tools. The policy directions embrace the government's agenda on universal health coverage and achievement of the health sustainable development goals toward the global call for malaria elimination. It demonstrates the overall commitment to equity, human rights, and gender with emphasis on inclusive community participation and access to malaria services for all populations. The policy is cognizant of the need for innovation and new tools in delivering health services.

I recommend that all partners and stakeholders focus their efforts on executing the policy directions to achieve our goal of reducing the burden of malaria on the path to realising our vision of a malaria-free Kenya.



Dr. Deborah M. Barasa
Cabinet Secretary
Ministry of Health



Preface

Kenya aims to have a malaria-free status and mitigate the socio-economic burden of the disease in the country. The malaria policy will guide health workers and all partners involved in planning, resource mobilisation, and implementing malaria control and elimination strategies in Kenya.

This updated policy incorporates the changes that have taken place in the country, including the transition to a devolved system of governance in 2013 and updates in malaria interventions—such as the World Health Organization's (WHO) approval of malaria vaccines and new formulations for insecticide-treated nets—which have been adopted in Kenya in recent years.

The policy update was done in conjunction with the end-term review of the Kenya Malaria Strategy 2019-2023.

The results of the malaria strategy end-term review, the Kenya Malaria Indicator Survey (2020), the updated Kenya Malaria Risk Map, the Global Technical Strategy for Malaria 2016-2030 (2021 update), and WHO Guidelines for Malaria (16 October 2023) were key information sources for the policy update. This policy aligns with the Kenya Health Policy (2014-2030) and WHO Global Malaria Frameworks and will, therefore, be reviewed if there is a significant shift in malaria eco-epidemiological and entomological landscape at the country or global level.



Ms. Mary Muthoni Muriuki, CBS, HSC
Principal Secretary - Public Health and Professional Standards
Ministry of Health

Acknowledgement

Development of the updated Kenya Malaria Policy involved a multi-stakeholder consultative and participatory process with contributions from county, national, and international partners.

The Ministry of Health is indebted to the individuals and organisations involved in the review of the National Malaria Policy 2010 and development of this updated policy document.

We greatly appreciate the U.S. President's Malaria Initiative (PMI) for their financial support as well as insightful technical contributions.

We recognize the valued technical assistance during the development of the policy document, and insightful contributions of reviewers from WHO Africa Regional Office, WHO Country Office, and the RBM Partnership to End Malaria.

Our heartfelt appreciation to staff from the national Government entities, representatives from the County Departments of Health, PMI implementing partners, the Pan-African Mosquito Control Association, Mount Kenya University, and Amref Health Africa in Kenya who participated in the policy review and development meetings. The draft policy statements were shared with representatives of the Council of Governors.

We extend our sincere gratitude to the dedicated staff of the National Malaria Control Programme for their unwavering commitment, exceptional leadership, and invaluable contributions to our efforts in combating malaria. Your hard work and dedication have been instrumental in advancing our progress.



Dr. Patrick Amoth, EBS
Director General for Health
Ministry of Health



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Abbreviations

EPR	Epidemic Preparedness and Response
FELTP	Field Epidemiology and Laboratory Training Programme
GoK	Government of Kenya
IPTp	Intermittent Preventive Treatment in Pregnancy
KMIS	Kenya Malaria Indicator Survey
KNBS	Kenya National Bureau of Statistics
MOH	Ministry of Health
MPR	Malaria Programme Review
NMCP	National Malaria Control Programme
PMI	U.S. President's Malaria Initiative
PSM	Procurement and Supply Management
SBC	Social Behaviour Change
SME	Surveillance, Monitoring, and Evaluation
UHC	Universal Health Coverage
WHO	World Health Organization

1.1 Background

The 2024 National Malaria Policy is an update of the 2010 National Malaria Policy, and it reflects the current healthcare delivery structure in Kenya and updated recommendations from the World Health Organization (WHO). The policy development was also informed by the Kenya Institute for Public Policy Research and Analysis guidelines.¹

The Republic of Kenya covers a total area of 582,646 square kilometres, bordered by Ethiopia to the north, South Sudan to the northwest, Uganda to the West, Tanzania to the South, and Somalia to the East. Administratively, Kenya is divided into 47 counties and subdivided into 314 sub-counties as of 2024. Kenya is home to people of diverse cultures, including more than 42 ethnic groups with many languages and dialects. Kenya's population was estimated to be about 47.5 million in 2019, and the latest projections indicate that it is currently 51.5 million. According to the Kenya National Bureau of Statistics (KNBS), 17% of the Kenyan population are children under five years of age, while 25% are women aged 15–49 years. The under-five mortality rate has declined over the years; by 2022, it was 41 deaths per 1,000 live births (Kenya Demographic and Health Survey 2022).²

Kenya's overall development framework is guided by the Kenya Vision 2030, a long-term policy aiming to create a "globally competitive and prosperous country with a high quality of life by 2030." Furthermore, the Bottom-up Economic Transformation Agenda is a strategic approach adopted by the Kenyan government, with a health thematic area that seeks to promote access to quality and affordable healthcare for the country's socio-economic development.³ These and other government policies support Universal Health Coverage (UHC) that contributes to having a country free of malaria.

Justification/Rationale for an Updated Malaria Policy

Updating of the Malaria Policy has been informed by several changes, such as modifications in the delivery of health services due to the devolved government and separation of functions; health legislation changes (Health Act 2017 and others); new health initiatives; universal health care and health financing, e.g. Social Health Insurance Fund; a changing malaria epidemiology and entomology landscape; emerging biological and other threats; new tools (vaccines, insecticide-impregnated mosquito nets, preventive chemotherapies); and a global call to innovate (digital, tools, approaches). The government has also prioritised key health agenda items to accelerate UHC and achieve the sustainable development goals to improve health outcomes and ensure better access to healthcare for its citizens.

1 Guidelines for Public Policy Development and Review. 2020. Kenya Institute for Public Policy Research and Analysis. Nairobi, Kenya.

2 KNBS and ICF. 2023. Kenya Demographic and Health Survey 2022. Nairobi, Kenya and Rockville, Maryland, USA: KNBS and ICF.

3 The Parliamentary Budget Office. Operationalizing the Bottom-up Economic Transformation Agenda - Budget Watch for FY 2023/24 and the Medium Term.

This document provides a policy framework to guide malaria control and elimination programme and implementation of activities in Kenya. The policy will be operationalised through relevant regulations, strategic documents, and guidelines to fulfil the vision of a ‘malaria free Kenya’.

1.2. Malaria Situation

1.2.1 Malaria Epidemiology

Malaria remains a significant cause of morbidity and mortality in Kenya, with more than 70% of the population at risk of malaria.⁴ Malaria is heterogeneous in the country, and in 2020, a malaria infection prevalence mapping classified the counties into five stable endemicity areas: very low transmission, low transmission, low-moderate transmission, moderate transmission, and high transmission. Nairobi was classified as malaria-free based on data and historical evaluation of the malaria situation in the county.⁵ The 2020 Kenya Malaria Indicator Survey (KMIS) showed that children, pregnant women, and non-immune individuals are disproportionately affected. For example, there were variations in malaria parasite prevalence across the eco-epidemiological zones of the country among children under five years of age: 17% in endemic areas, 1.4% in areas of seasonal malaria transmission (arid and semi-arid lowlands), 1% in epidemic-prone regions, and 0.4% in low-risk transmission areas. The prevalence of malaria dropped slightly from 8% to 5.6% between 2015 and 2020.⁶ However, the Malaria Programme Review (MPR) of the 2019–2023 Kenya Malaria Strategy showed a worrying trend of increasing malaria incidence since 2020, and outbreaks have been reported in the low transmission settings in northern Kenya and the highland areas of Kericho.

1.2.2 Parasite and Vector Species

Four common species of *Plasmodium* cause malaria in Kenya: *Plasmodium falciparum*, *Plasmodium malariae*, *Plasmodium ovale*, and *Plasmodium vivax*. The KMIS 2020 findings demonstrated that *P. falciparum* accounts for 76% of all infections, while *P. malariae* and *P. ovale* account for 4% and 1%, respectively, and mixed infections of *P. falciparum* and *P. malariae* account for 19%. *P. vivax* has recently been reported in sick patients with malaria in the northern parts of the country. The main malaria vectors reported countrywide include *Anopheles gambiae* s.s., *Anopheles arabiensis*, *Anopheles funestus* s.s., and *Anopheles merus*. A new invasive malaria vector, *An. stephensi*, was detected in the country in 2022, posing a threat to malaria control, especially in urban areas.

4 Division of National Malaria Programme (DNMP) [Kenya] and ICF. 2021. Kenya Malaria Indicator Survey 2020. Nairobi, Kenya and Rockville, Maryland, USA: DNMP and ICF.

5 Alegana et al. 2021. Malaria Infection Prevalence Mapping in Kenya in 2020. Nairobi, Kenya. Division of National Malaria Programme, Ministry of Health, ICF, PMI Measure Malaria, and KEMRI-Wellcome Trust-University of Oxford-Research Programme.

6 Division of National Malaria Programme (DNMP) [Kenya] and ICF. 2021. Kenya Malaria Indicator Survey 2020. Nairobi, Kenya and Rockville, Maryland, USA: DNMP and ICF.

Vision and Mission

2.1 Vision

A malaria-free Kenya

2.2 Mission

To provide a framework to guide the achievement of a malaria-free Kenya by fostering inclusive, collaborative, coordinated actions and partnerships at all levels in keeping with national/international norms and standards.

Guiding Principles for Malaria Control and Elimination in Kenya

3.1. Universal Health Coverage

This policy aligns with the government's agenda on access to quality and affordable healthcare services for all. In keeping with the UHC agenda, the policy aims to ensure appropriate malaria services are delivered through all healthcare levels, including at the household level through community health structures.

3.2. Devolution of Health Services

This policy aligns with the constitutional mandates for delivering health services in a devolved system as defined in the 4th schedule of the 2010 Constitution of Kenya.

3.3. Multi-sectoral Approach

This policy is anchored on a coordinated multi-sectoral approach to malaria control and elimination, requiring all stakeholders' proactive inclusion and participation.

3.4. Tailoring of Interventions

Malaria interventions will be targeted based on the prevailing information and data on transmission settings to achieve the right mix of interventions for optimal impact.

3.5. Equity, Human Rights, and Gender

The policy is aligned with the equity, human rights, and gender principles that anchor the delivery of health services that adopt a people-centred approach, emphasising inclusive community participation in the planning, implementing, and monitoring of health services while ensuring that the needs of special and vulnerable populations are incorporated.





3.6. Adaptive and Innovative Tools, Approaches, and Strategies/Interventions for Effective Program Implementation

This policy acknowledges the continuous evolution of innovation, tools, and technology and makes provisions for adopting and deploying new technologies and tools, including novel digital tools, as they become available.

4.1. Malaria Prevention

Preamble

Prevention is critical for reducing disease burden and eventual elimination of malaria. It reduces disease incidence and transmission, with the ultimate goal of completely interrupting transmission. Malaria prevention can target the vector (vector control) or the parasites in selected high-risk groups (preventive chemotherapy and vaccines). The main aim of vector control is to reduce the capacity of the vectors to transmit malaria. In contrast, preventive chemotherapies aim at preventing infected individuals from developing the disease with its attendant morbidities. While vector control interventions target all areas of malaria transmission, the high-risk groups targeted by preventive chemotherapy and vaccines include pregnant women, children, non-immune individuals visiting malaria-endemic regions, and people with immunosuppressive conditions.

4.1.1. Vector Control

Policy Statement

The Government of Kenya (GoK) will ensure:

- Equitable access to effective malaria vector control interventions appropriate to each transmission setting.
- Surveillance is conducted for vector bionomics, vector behaviour, susceptibility, and monitoring of vector control tools to ensure their effectiveness.
- Participation in strategic cross-border malaria control and elimination initiatives.

4.1.2. Preventive Chemotherapy

4.1.2.1 Prevention of Malaria in Pregnancy

Policy Statement

The GoK will ensure:

- All pregnant women living in areas of moderate to high malaria transmission receive intermittent preventive treatment of malaria in pregnancy (IPTp) as part of antenatal care services.

4.1.2.2 Chemoprevention

Policy Statement

The GoK will ensure:

- Appropriate antimalarial medicines, either alone or in combination, are given to defined vulnerable populations (based on local data evidence and context information) to prevent malaria infection. The preventive chemotherapies include seasonal malaria chemoprevention, perennial malaria chemoprevention, post-discharge malaria chemoprevention,

intermittent preventive treatment of malaria in infants and school children, and mass drug administration.

4.1.2.3 Chemoprophylaxis

Policy Statement

The GoK recommends:

- Appropriate malaria chemoprophylaxis is given to non-immune persons visiting malaria-endemic areas.

4.1.2.4 Immunoprevention

Policy Statement

The GoK will ensure:

- Equitable access to malaria vaccines to all eligible populations.

4.2. Diagnosis and Treatment of Malaria

Preamble

Access to the highest quality of care is critical to reducing morbidity and preventing deaths. Rapid malaria diagnosis, with prompt, effective treatment, is delivered through all healthcare sectors, including public, faith-based, private, and community service channels. Community health services leverage the primary health care system, which is pivotal in attaining UHC.

Policy Statement

The GoK will ensure:

- Equitable access to quality diagnosis and effective treatment at all levels of the healthcare system.
- An enabling environment for the provision of community-based malaria services.
- The effectiveness of case management through surveillance for therapeutic efficacy, resistance monitoring, pharmacovigilance, and malaria diagnostics.

4.3. Epidemic Preparedness and Response

Preamble

Several factors, including climate change, may alter transmission patterns and increase the risk of epidemics. Malaria epidemic preparedness and response (EPR) is a disease surveillance and response priority. Prediction, prevention, and timely response to malaria outbreaks, particularly in epidemic-prone areas, are vital to the reduction of malaria morbidity and mortality.

Policy Statement

The GoK will ensure:

- Counties prone to malaria epidemics have adequate early warning and detection systems that are part of a routine Integrated Disease Surveillance and Response System.
- Availability of and access to emergency resources for timely response to malaria outbreaks exist.

4.4. Surveillance, Monitoring, Evaluation, and Operations Research

4.4.1. Surveillance, Monitoring, and Evaluation

Preamble

Effective surveillance, monitoring, and evaluation (SME) of the national malaria programme activities remains essential for providing data for assessing malaria trends as well as stratification and targeting of control or elimination interventions—thus informing strategies and resource allocation. Surveillance shall aim to support disease control and elimination per the transmission settings; hence, SME will continue to be a core strategy to guide malaria control and elimination programming in Kenya.

Policy Statement

The GoK will ensure:

- A national SME plan guides malaria SME, and adequate resources are committed for its implementation.
- SME will be undertaken at the national, county, subcounty, health facility, and community levels.
- Regular evidence-based stratification informs the targeting of interventions.
- Surveillance approaches are implemented based on the appropriate malaria transmission setting recommendations.
- Routine malaria inpatient and outpatient data from all public, faith-based, and private healthcare providers is mainstreamed into the National Health Information Systems.

4.4.2. Operations Research

Preamble

Operational research is vital for context adaptation of strategies and tools leading to improved malaria programming, policies, guidelines, and approaches.

Policy Statement

The GoK will ensure:

- The relevant capacity (institutional, human, and financial) to strengthen research is prioritised.

- There is an effective framework for engagement with relevant entities to make available research findings and mainstream evidence generated into malaria control policies and guidelines.

4.5. Social Behaviour Change

Preamble

Sustained and effective social behaviour change (SBC) interventions are vital for achieving optimal uptake of malaria interventions and combating the disease. SBC recognises the multifaceted factors influencing behaviours beyond mere knowledge. By engaging communities through education campaigns and peer influence programs, stakeholders can address misconceptions, overcome barriers, and promote consistent use of malaria prevention and elimination interventions. Empowering individuals and communities foster sustainable practices and responsibility for health outcomes, thereby reducing malaria transmission and improving resilience to future health challenges.

Policy Statement

The GoK will ensure:

- Commitment to establishing robust systems to achieve universal access to appropriate, accurate, and culturally acceptable information about malaria prevention, control, and elimination, in line with the overarching principles outlined in the Kenya Malaria Policy.
- SBC strategies are customised to effectively address the diverse communication and behavioural change needs and preferences of communities across the country, thereby enhancing the efficacy of malaria control and elimination efforts.
- There is adequate investment for malaria social behaviour change.

4.6. Program Management

Preamble

Achieving a malaria-free Kenya requires a coordinated multi-sectoral approach, optimal implementation capacity, sustainable financing, and continued advocacy in keeping with the shared roles, responsibilities, and distribution of functions outlined in Schedule 4 of the 2010 Constitution of Kenya.

Policy Statement

The GoK will ensure that:

- There is a government-led, effective, inclusive, structured, and accountable partnership for coordinating malaria control and elimination.
- There will be adequate resources for managing and implementing malaria control and elimination, including human capacity.

- There is adequate financing at all levels and sectors efficiently used for malaria control and elimination.
- Malaria control and elimination are a prioritised agenda at all levels and across all sectors.
- There is harmonization of cross-border malaria control and elimination approaches.

4.7. Procurement and Supply Chain Management

Preamble

UHC entails health services being equitable, available, and affordable to all. Access to tools and technologies for health to the last mile is critical to assuring UHC. Universal access to quality-assured malaria commodities depends on a functional procurement and supply chain management system. This allows for timely availability of the tools where and when required—avoiding stockouts and wastage.

Policy Statement

The GoK will ensure:

- There is timely and affordable access to quality-assured malaria commodities and technologies for the end-user.

Implementation Framework

The policy will be articulated through the Kenya Malaria Strategy which defines time-bound (five-year) goals, objectives, and targets, along with detailing the appropriate populations, strategies, interventions, and tools in line with this policy to achieve the desired goals in the defined timeframe. The development and implementation of the strategic plan will be an inclusive process led by the National Malaria Control Programme (NMCP), with joint / shared responsibility of the national and county governments and partners.

5.1. Monitoring and Evaluation

The national malaria policy will be monitored through the periodic review of the Kenya Malaria Strategy based on a monitoring and evaluation plan, which defines indicators and methods for assessing the progress of malaria control and elimination in the country.

Research, Innovation, and New Tools

The malaria policy recognises the pivotal role of research and innovation in addressing emerging challenges from biological threats such as new vectors and parasites, pandemics, disasters, and climate change. This policy will promote the use of existing tools and the development and deployment of new tools and innovations, including digital solutions. The government will ensure an enabling environment for research and innovation.

Review and Update of the Policy

This policy aligns with the Kenya Health Policy and WHO Global Malaria Frameworks. It will, therefore, be reviewed if there is a significant shift in the malaria eco-epidemiological and entomological landscape at the country and global levels to the extent that it affects Kenya or the region.

Annexure: Participants in the Policy Review Meetings

Name	Organisation
Abubakar Mohamed	Ministry of Health
Andrew Wamari	Ministry of Health
Beatrice Machini	Ministry of Health
Beatrice Musyoka	Ministry of Health
Branice Kisali	Ministry of Health
Brigid Ahinduka	Ministry of Health
Catherine Kilonzo	Ministry of Health
Christine Wayua	Ministry of Health
Collins Omondi Angute	Ministry of Health
Diana Rose Wangari Mwaura	Ministry of Health
Edith Ramaita	Ministry of Health
Emma Nyandigisi	Ministry of Health
Gladys Mberia	Ministry of Health
Hillary Onsongo	Ministry of Health
Ishamael Abbey	Ministry of Health
James Sang'	Ministry of Health
James Kiarie	Ministry of Health
John Kabuagi	Ministry of Health
Joy Gakenia	Ministry of Health
Karen Okutoyi	Ministry of Health
Kibor Keitany	Ministry of Health
Magzon Bett	Ministry of Health
Murima Ng'ang'a	Ministry of Health
Patrick Mburugu	Ministry of Health
Paul Kiptoo	Ministry of Health
Paul Rumosia	Ministry of Health
Peter Njiru	Ministry of Health
Regina Kandie	Ministry of Health
Robert Mwaura	Ministry of Health
Sammy Mahugu	Ministry of Health
Stephen Aricha	Ministry of Health
Wachira Muguku	Ministry of Health
Welby Chimwami	Ministry of Health
Edwin Onyango	Department of Health, Busia County
Hellen Irahuya	Department of Health, Vihiga County

Name	Organisation
Hillary Chebon	Department of Community Health Services, MOH
Kairo Kimende	Department of Health, Murang'a County
Kigen Hudson	Department of Health, Kericho County
Martin Osotsi	Department of Health, Vihiga County
Nixon Morara	Department of Health, Kisii County
Patrick Ndung'u	Department of Health, Nyandarua County
Pauline Ngigi	Department of Health, Murang'a County
Richard Onkware	Department of Health, Kisii County
Sammy Koech	Department of Health, Kericho County
Anthony Miru	The National Treasury
William Decker	African Leaders Malaria Alliance
Anne Kerubo	Amref Health Africa in Kenya
Francis Onditi	Amref Health Africa in Kenya
Anyia Cushnie	Country Health Information Systems and Data Use Program (CHISU)
Eunice Misiani	Consultant (CHISU)
George Wadegu	CHISU
Hellen Gatakaa	CHISU
Jane Githuku	CHISU
Agneta Mbithi	ICF Kenya
Joan Wachuka	Kenya Medical Supplies Authority
Edward Mwangi	Kenya NGO Alliance Against Malaria
Jesse Gitaka	Mount Kenya University
Ruth Wanjala	U.S. Agency for International Development-MRITE
Vicky Maiyo	U.S. Agency for International Development-MRITE

Name	Organisation
Damaris Matoke	Pan-African Mosquito Control Association
Francis Mutuku	Pan-African Mosquito Control Association
Charles Mbogo	Pan-African Mosquito Control Association
Joshua Limo	Population Services Kenya
James Mwangi	PMI-funded Afya Ugavi
Meera Shah	PMI-funded Afya Ugavi
Jeremiah Ochieng	PMI-funded Breakthrough Action
Edward Abwao	PMI-funded PQM+
Sheila Ogoma	PMI Kinga Malaria
Rodaly Muthoni	PMI Kinga Malaria
Lilian Mageto	PMI-PROPEL Health
Theresa Watwii Ndavi	PMI-PROPEL Health
Megumi Itoh	PMI
Mildred Shieshia	PMI
Victor .Sumbi	PMI
Daudi Ochieng	RBM Partnership to End Malaria
Dennis Walusimbi	RBM Partnership to End Malaria
Dorothy Achu	RBM Partnership to End Malaria
Kaka Mudambo	RBM Partnership to End Malaria
Baba Ebenezer	WHO
Felicia Owusu-Antwi	WHO
Fiona Omoniwa Owunwumi	WHO
Jackson Sillah	WHO
James Dan Otieno	WHO
Kharchi Tfeil Abderrahmane	WHO
Michael Kayange	WHO
Onyeze Adiele	WHO
Peter Olumese	WHO

