

END MALARIA COUNCIL

THE AFRICAN UNION AND KENYA HAVE SET AN AMBITIOUS TARGET OF CONTROLLING AND ELIMINATING MALARIA BY 2030. ACHIEVING THIS OBJECTIVE WILL REQUIRE AN INCREASE IN AVAILABLE RESOURCES AND A GROUNDSWELL OF ACTION ACROSS ALL SECTORS AND AT ALL LEVELS, INCLUDING AT THE COUNTY LEVEL. H.E PRESIDENT KENYATTA HAS CALLED FOR THE ESTABLISHMENT OF A COUNTRY-LED AND COUNTRY-OWNED *END MALARIA COUNCIL* TO CONVENE INFLUENTIAL LEADERS TO CHAMPION MALARIA CONTROL AND ELIMINATION AND THE SOON TO BE LAUNCHED “ZERO MALARIA STARTS WITH ME” CAMPAIGN.

Background

Significant progress has been made to combat malaria, but action must be taken to accelerate progress, close the budget gap, and overcome challenges from COVID-19.

- **Malaria is a leading cause of illness and death in Kenya.** 100% of Kenyans at risk, including 70% at high-risk. There are an average 2.3 million confirmed cases per year (2015-2018),¹ accounting for 1-in-5 outpatient visits to public health facilities.² Children under 5 years old account for two-thirds of deaths. Pregnant women are also at high-risk.³
- **Progress has been made, but Kenya is not on track to eliminate malaria by 2030 (target).** Malaria-related outpatient visits at health facilities declined by 37% from 2007-2017.⁴ However, incidence and mortality rates declined by only ~5.5% between 2015-2018, indicating that the country will likely miss the target of reducing each by 40% by the end of 2020 (compared to 2015 baseline).⁵
- **Malaria undermines economic and social development.** Previous studies suggest malaria reduces GDP growth by up to 1.3%. Malaria is also a leading cause of worker absenteeism, causing 5.8 million days of work to be missed each year—the equivalent of 23,000 workers.⁶
- **The Kenya Malaria Strategy (“KMS”) was updated to accelerate progress towards malaria elimination.** Primary areas of emphasis include preventing transmission, testing and treatment, disease and mosquito surveillance, and expanded social and behavioural change communications. There is also an emphasis on evidence-based management and increased adoption of annual workplans to priority activities and budgeting.
- **The KMS devolves the national malaria response down to the counties and supports a stratified strategy based on malaria incidence and other risk factors.** The National Malaria Programme (“NMP”) is responsible for developing the national strategy, policies, and budget; regulating standards for vector control, case management, and surveillance; building capacity; mobilising resources; and coordinating with internal and external partners. The county governments bear primary responsibility for providing health services and supervising health facilities; maintaining quality and adherence to the national standards; coordinating county health forums; and mobilising resources for county health services.
- **There is a Ksh 24 billion budget gap under the KMS.** The total costed budget of the five-year strategic plan is Ksh 62 billion. 61% of this is currently funded by the government (Ksh 19 billion) and donors (Ksh 19 billion). Without closing the budget gap, 67% of behavioural change communications, 39% of vector control, 19% of testing and treatment, 38% of

¹ WHO, *World Malaria Report 2019*, Annex, Tables 3-F & 3-I.

² Ministry of Health, *Kenya Malaria Programme Review 2018* (Jan. 2019) (indicating 18.7% of outpatient visits were for confirmed malaria; insufficient data quality for inpatient morbidity and mortality).

³ WHO, *World Malaria Report 2019*.

⁴ *Kenya Malaria Programme Review 2018* at 14.

⁵ African Union, *Catalytic Framework to End HIV, TB and Eliminate Malaria in Africa by 2030* (2016).

⁶ Average of 2.5 missed days of work per case (including for care taking) and 250 days of work per year.

surveillance, 7% of programme management, and 100% of elimination activities cannot be implemented.⁷

| | Amount (Ksh Billions) | % |
|-----------------|--------------------------|------|
| Total | 62 | 100% |
| Funded | 38 | 61% |
| <i>Gov</i> | 19 | 31% |
| <i>Donors</i> | 19 | 31% |
| Unfunded | 24 | 39% |

- **COVID-19 is exacerbating the budget gap and making it more difficult to implement the KMS.** COVID-19 is disrupting global supply chains, resulting in higher commodity costs and stock-outs. Complying with new guidelines (e.g., physical distancing) increases the complexity of providing health services and distributing mosquito nets, and discourages sick persons from seeking care at health facilities. The WHO estimates that malaria deaths across the region could double in 2020 if action isn't taken to address these challenges (worst case scenario).

The most recent Malaria Programme Review proposed recommendations to strengthen the national and subnational malaria response.

- Increase the visibility and prioritisation of malaria and the NMP through innovative and sustained advocacy.
- Engage all sectors nationally and subnationally to improve planning, implementation, monitoring, and coordination of the KMS.
- Implement a domestic resource mobilisation strategy to access new sources of funding, including the private sector, and improve operational efficiency, financial sustainability, and programme-based budgeting to achieve financial sustainability.
- Engage communities and scale up social and behavioural change communication at all levels to promote the use of malaria interventions and social accountability.

⁷ National Malaria Programme, Kenya Malaria Strategy 2019-2023.

The End Malaria Council

H.E. President Uhuru Kenyatta—who currently chairs the African Leaders Malaria Alliance (“ALMA”)—has called for the establishment of an End Malaria Council (“EMC”) to champion the recommendations from the Malaria Programme Review and support the NMP and counties to achieve malaria control and elimination. His Excellency has also called on other Heads of State and Government across the region to establish national EMCs as one of his legacy projects as the ALMA Chair.

Mandate

The EMC’s mandate is to champion the soon-to-launch “Zero Malaria Starts with Me” campaign to achieve a malaria-free Kenya. To fulfil its mandate, the EMC will:

1. **Advocacy:** Advocate for malaria to remain high on the development agenda across all sectors (public, private, civil society) and at all levels (national, regional economic bloc, and county) to support the devolution of the health sector.
2. **Action:** Take action to implement the Kenya Malaria Strategy, including through community engagement, and remove barriers faced by NMP and counties.
3. **Resource mobilisation:** Mobilise commitments for in-kind and financial resources from all sectors and at all levels (national, regional economic bloc, and county) to close the KMS budget gap.
4. **Accountability:** Hold each sector accountable for owning malaria control and elimination and fulfilling its commitments.

Terms of reference

The EMC will be composed of 20-25 senior leaders representing each sector (public, private, and civil society) and drawn from the national level, regional economic blocs, and counties. See the Annex for a proposed list of founding members.

- Members will be appointed by H.E. President Kenyatta to two-year staggered terms and are eligible for reappointment following their term.
- Members will meet once each quarter to receive an update from the NMP and counties on the progress against the KMS and to make commitments for advocacy, action and resource mobilisation to address gaps and challenges.
- Members will be responsible for implementing their commitments—including mobilising support from their respective sectors as necessary—between meetings and providing regular updates to the other members on progress.
- Members will neither receive remuneration for their service to the EMC or a sitting allowance for participating in EMC meetings.

- A chair, secretary and treasurer will be selected from among the EMC members to coordinate EMC meetings, processes, and finances.
- All members will adhere to policies preventing conflicts of interest and corruption.

A subcommittee will be formed to establish and manage a fund that can receive, manage, and disburse financial donations from the various sectors to close the budget gap under the KMS.

- The treasurer will chair the Fund Subcommittee and will be responsible for ensuring accurate financial records are kept and providing a transparent quarterly financial report to the EMC based on financial best practices.
- The other members of the Fund Subcommittee will be drawn from the EMC members and other persons possessing expertise related to resource mobilisation and financial management.
- The Fund Subcommittee will establish a non-profit foundation and open accounts with a commercial bank operating in Kenya, into which all financial donations to the EMC will be deposited.
- The Fund Subcommittee will implement transparent processes to receive contributions, invest available resources, and receive funding requests from the NMP and counties. The Subcommittee will also implement financial controls to ensure that all resources mobilised are used only to further the EMC's mandate.

A three-person administrative secretariat will be established to support the day-to-day activities of the EMC members.

- The Administrator will oversee the operations of the secretariat, liaise with EMC members and donors, and serve as a point of contact for the EMC.
- One programme officer will organise quarterly board meetings and be responsible for documenting and tracking EMC members' commitments for advocacy and action. A second programme officer will support resource mobilisation by organising fundraising activities in partnership with EMC members and supporting the Fund Subcommittee.
- All positions within the administrative secretariat will be filled secondments from development partners and EMC members or self-financed using the financial resources mobilised by the EMC.

The NMP and county health teams will remain primarily responsible for implementing the KMS and will support the EMC.

- The NMP and counties will provide routine updates to the EMC on the status of the KMS, national malaria scorecard, and operational and financial gaps that need to be addressed.
- The NMP and counties will submit annual workplans and budgets to the EMC, including any funding requests to the Fund Subcommittee.

- The technical working groups of the NMP will provide technical guidance to EMC members and the Fund Subcommittee to ensure commitments for advocacy, action, and resources are consistent with the objectives of the KMS and national standards and best practices.

Implementation

Several approaches have been considered for establishing the EMC based on similar domestic initiatives (e.g., National AIDS Council, Tsetse & Trypanosomiasis Eradication Council) and end malaria councils and funds in other countries.

| Approach | Description | Pros / Cons | Similar initiatives |
|---------------------------------|---|--|--|
| Coalition of the willing | EMC operates according to terms of reference adopted by the members | (+) No need to establish a legal entity (+) Fast and easy to establish (+) Flexible and easy to update based on experience (-) Cannot receive financial resources directly due to lack of a legal structure | Zambia End Malaria Council |
| Non-profit foundation | Private non-profit company managed by a multisectoral board of directors | (+) Easy to establish (+) Independent of government structures (+) Capable of receiving and managing financial resources (-) Government funding likely cannot be contributed (-) Not the common approach used for similar initiatives | Zambia End Malaria Fund Uganda's "Malaria Free Uganda" Rwanda Malaria & NTD Council Mozambique End Malaria Fund |
| State Corporation | Company established by Presidential Order under the State Corporation Act | (+) Demonstrates strong public sector commitment (+) Capable of receiving and managing financial resources (-) Less flexibility in who can be involved (-) Concern about accountability and effectiveness of State Corporations (-) Must be approved through Parliamentary Committee | Kenya National AIDS Council Kenya Tsetse & Trypanosomiasis Eradication Council |
| Public Fund | National fund established under the Public Finance Management Act | (+) Demonstrates strong public sector commitment (+) Capable of receiving and managing financial resources (+) Approach used for COVID-19 relief fund (-) Must be approved by parliament (-) Concerns about proliferation of public sectors funds | Kenya COVID-19 Fund |

Based on local experience and the public policy concerns about the proliferation of state corporations and public funds, it is proposed that the EMC follow the successful model used in Zambia.

- Establish the EMC as a “coalition of the willing” by having the members adopt shared terms of reference. All members then share joint responsibility for mobilising commitments for advocacy, action, and resources.
- The Fund Subcommittee establish a private sector-led, non-profit foundation to receive and disburse financial contributions mobilised by the EMC. The Subcommittee members serve as the Board of Directors of the Foundation to provide financial stewardship and oversight over donated resources.

To ensure that the EMC remains accountable, it will adopt a policy of transparency and submit/publish a number of annual and quarterly reports.

- The EMC will host a website where it will publish any resolutions and all commitments made by the members.
- Each year, the EMC will publish an annual report summarising the activities and contributions of its members to the fight against malaria. This report will be submitted to Cabinet through the Minister of Health.
- Each quarter, the Fund Subcommittee will prepare financial statements summarising the income and balance sheets of the non-profit foundation. These statements will be published online and distributed to all EMC members to ensure accountability.
- The foundation will also undergo an annual audit to validate its financials and the adequacies of its financial controls. The auditor’s report will be submitted to the EMC and included in the EMC’s annual report.

Cost implications

The proposed approach minimises potential start-up costs and avoids long-term or recurring charges to the government. In Zambia, for example:

- The “coalition of the willing” approach avoided significant costs associated with passing regulations necessary to establish a public company or fund (e.g., sensitising parliamentarians, advocacy).
- EMC members do not receive remuneration for their service or other sitting fees, minimising the cost of conducting business.
- EMC members sponsor EMC meetings (e.g., holding the meeting in their boardroom or at a local conference centre) to avoid travel expenses and other expenses.
- Other recurring costs for the Administrative Secretariat (e.g., real estate, human resources) are covered through secondments by the members and development partners and the fund provides a source for of long-term financing. Total estimated costs to be

mobilised or provided in-kind for the Administrative Secretariat is equal to Kshs.10 million each year.

- The use of a non-profit foundation will act as a special purpose vehicle similar to other public-private partnerships and project financing, resulting in liabilities being kept off the government's balance sheet without sacrificing transparency and accountability for resources. The government does not make financial contributions to the foundation.

Thus, the potential cost implications of the EMC are limited to the public sector members' time and any commitment of resources made by the public sector to support advocacy, action, and resource mobilisation, which would remain on balance sheet through the normal budgeting routine budgeting process. Furthermore, by mobilising additional resources from new sources, the impact of existing public sector health expenditures will be strengthened and made more sustainable.

Legal & policy Implications

The proposed approach minimises public policy implications by avoiding the need to establish a public company or fund. This means that the EMC can proceed without a lengthy process of sensitising members of parliament or the need to pass enabling regulations or legislation. However, there are several potential public policy implications:

- A cabinet memorandum will need to be prepared and submitted through the Cabinet Secretary for health outlining the final proposal for the EMC.
- The EMC and foundation will enter into a memorandum of understanding with the Ministry of Health, NMP and counties. This MoU will enable data and information sharing and provide a pathway for financial donations to be channelled to NMP and counties in-line with relevant financial regulations.
- Line ministries other than Health will be encouraged to incorporate malaria control and elimination into their strategic plans, resulting in a multisectoral emphasis across government on malaria.
- Parliament will likely be engaged to adopt new or amend legislation and regulations that support malaria elimination. This was a recommendation of the most recent Malaria Programme Review.

Proposed roadmap

| Month | Activity |
|------------------|---|
| July | Finalise concept proposal and submit cabinet memorandum to the Cabinet Secretary |
| August | President's Office to send letters appointing the EMC Members |
| September | Orientation meeting with the EMC, establishment of the Fund Committee, public announcement of the EMC and its members by the President's Office |
| October-December | Resource mobilisation campaign to gain commitments for action and resources from each sector |

ANNEX

Table 1 - Proposed founding EMC members

| Sector | Institution | Member(s) | Role & Responsibility |
|---------|--|-----------|--|
| Public | Ministry of Health | [Name] | Provide linkage to the NMP to elevate the visibility of malaria Enact policies / regulations |
| | Ministry of Finance | | Advocate for increased funding for health in-line with the Abuja Declaration Identify funds available to other line ministries that can be used for multisectoral action Support innovative finance and resource mobilisation |
| | Revenue Authority | | Advocate for malaria control and elimination to be a priority because economic growth will increase tax revenues and financial stability Mobilise resources from innovative sources (e.g., donate seized property that can be used by the NMP such as trucks) |
| | Parliamentary Select Committee on Health | | Mobilise parliamentarians to act as malaria champions in their communities Support legislation and policies Advocate for malaria during the annual budgeting process |
| | Regional Economic Blocs | | Support coordination at the subnational level between the public and private sectors Mobilise resources |
| | Council of Governors | | Advocate for malaria to be a priority at the county level Mobilise action and resources and convene local leaders from across sectors |
| Private | Private Sector Alliance | | Advocate for malaria control and elimination to be a strategic priority across the private sector Mobilise action and resources Support innovative financing and financial sustainability |
| | Chamber of Commerce & Industry | | Advocate for malaria control and elimination to be a strategic priority across the private sector Mobilise action and resources Support innovative financing and financial sustainability |
| | [Construction] | | Promote policies and behaviours that reduce the risk of creating mosquito breeding sites Mobilise resources |
| | [Agriculture] | | Take action to ensure workers and their families are protected against malaria Mobilise community engagement and resource mobilisation |
| | [Finance / Banking] | | Support innovative financing Provide in-kind accounting and other support to the Fund Subcommittee Mobilise resources |
| | [Telecom] | | Provide in-kind messaging services and other tools to distribute social and behavioural change communications Facilitate resource mobilisation through mobile money accounts Support a youth engagement strategy and advertising campaign |
| | [Media] | | Develop innovative messaging campaigns to promote social and behavioural change communications Provide in-kind and earned media and advertising to the NMP and EMC members Mobilise resources |

| Sector | Institution | Member(s) | Role & Responsibility |
|---------------|-------------------------|-----------|--|
| Civil Society | Inter-religious Council | [Name] | <p>Train and educate clergy and other religious staff to promote malaria messaging at key moments (e.g., baptism, couples counselling)</p> <p>Engage the community in a dialog about the importance of ending malaria, organise marches</p> <p>Mobilise volunteers to take action at the community level</p> <p>Conduct weekends of worship to distribute social and behavioural change communications</p> <p>Organise fundraising campaign to donate to the Fund Subcommittee</p> |
| | [Women CSO] | | <p>Advocate for malaria prevention to be a strategic priority for women</p> <p>Engage the community in a dialog about how to protect a family against malaria</p> <p>Mobilise other CSOs to support the EMC</p> <p>Engage partners and philanthropies to mobilise resources</p> |
| | [Youth CSO] | | <p>Advocate for malaria prevention to be a strategic priority for youth, in-line with H.E. President Kenyatta's legacy goal of developing a youth army to combat malaria</p> <p>Mobilise youth volunteers and influencers to distribute malaria messaging through social media and other forums</p> <p>Engage the community in a dialog about how to end malaria</p> <p>Mobilise other CSOs to support the EMC</p> <p>Engage partners and philanthropies to mobilise resources</p> |
| | [Academia] | | <p>Advocate for the adoption of proactive policies to combat malaria</p> <p>Encourage malaria to be included in curricula and other trainings beyond the health sector</p> <p>Mobilise youth volunteers for the Kenyan Youth Army</p> |
| | [Traditional leader] | | <p>Engage the community to mobilise volunteers for advocacy, action, and resources</p> <p>Distribute malaria messaging</p> |

Table 2 - Malaria Cases by Year (2015-2018)

| Measure | 2015 | 2016 | 2017 | 2018 | Avg. |
|------------------------|------|------|------|------|------|
| Confirmed ⁸ | 1.5m | 2.8m | 3.2m | 1.5m | 2.3m |
| WHO est. | 3.5m | 3.5m | 3.5m | 3.6m | 3.5m |

Table 3 - Malaria Incidence and Mortality (2015 v. 2018)

| Metric | Region | 2015 Benchmark | 2018 | Change |
|----------------------------|-------------------------|----------------|-------------|---------------|
| Cases per 1.000 persons | Africa (est.) | 233.0 | 229.6 | -1.5% |
| | Kenya (est. /confirmed) | 72.2 / 31.3 | 70.1 / 29.6 | -2.9% / -5.4% |
| Deaths per 100.000 persons | Africa (est.) | 48.1 | 41.0 | -14.9% |
| | Kenya (est.) | 25.6 | 24.2 | -5.5% |

Table 4 - Example End Malaria Councils & Funds

| Country | Status | Description |
|--------------------|--------------|--|
| Eswatini | Active | Launched a national End Malaria Fund to mobilise resources to close the budget gap under the national strategic plan. |
| Zambia | Active | Launched national and provincial End Malaria Councils to support advocacy, action, resource mobilisation and accountability. Chaired by the Hon. Minister of Health. Established a fund as a subcommittee to support resource mobilisation mission of the council. |
| Uganda | Implementing | Establishing a public-private partnership called "Malaria Free Uganda" to act as a fund and council. Planning and implementation being led by Rotarians in partnership with the National Malaria Control Division. |
| Mozambique | Implementing | Establishing a national End Malaria Fund to help close the resource gap under the national strategic plan and promote advocacy, action and accountability. |
| Rwanda | Design | Planning to launch a joint malaria and NTD council to support the control and elimination of priority diseases. |
| Ghana | Design | Evaluating whether to relaunch the Ghana Malaria Foundation under new management to mobilise resources for the NMCP. |
| DRC & Burkina Faso | Design | Planning to launch national End Malaria Councils. |

⁸ By microscopy or rapid diagnostic test (RDT).

Table 5 – Example commitments

| Objective | Example |
|-----------------------|--|
| Advocacy | <p>Adopting policy changes or advocating for the enactment of laws and regulations that will make malaria elimination easier to achieve</p> <p>Engaging the sectors during standing meetings to promote malaria as a strategic priority</p> |
| Action | <p>Committing to implement a component of the national strategic plan or the National Malaria Programme’s operational plans (e.g., transporting commodities, distributing mosquito nets in the local community)</p> <p>Producing and distributing a mass media advertising campaign to promote awareness of how to prevent and seek treatment for malaria</p> <p>Providing in-kind SMS messaging alerts reminding families to sleep under mosquito nets during peak malaria seasons</p> <p>Organising a national weekend of worship within churches and mosques to promote malaria messaging</p> |
| Resource Mobilisation | <p>Holding a fundraising event (e.g., gala, auction, dinner dance, golf tournament)</p> <p>Directly soliciting in-kind or financial contributions from the private sector, philanthropies, and other sources</p> <p>Collecting grassroots contributions through mobile money accounts</p> <p>Donating a percentage of revenue from sales of a particular product</p> |