



COVID-19 Pandemic: Kenya's experience

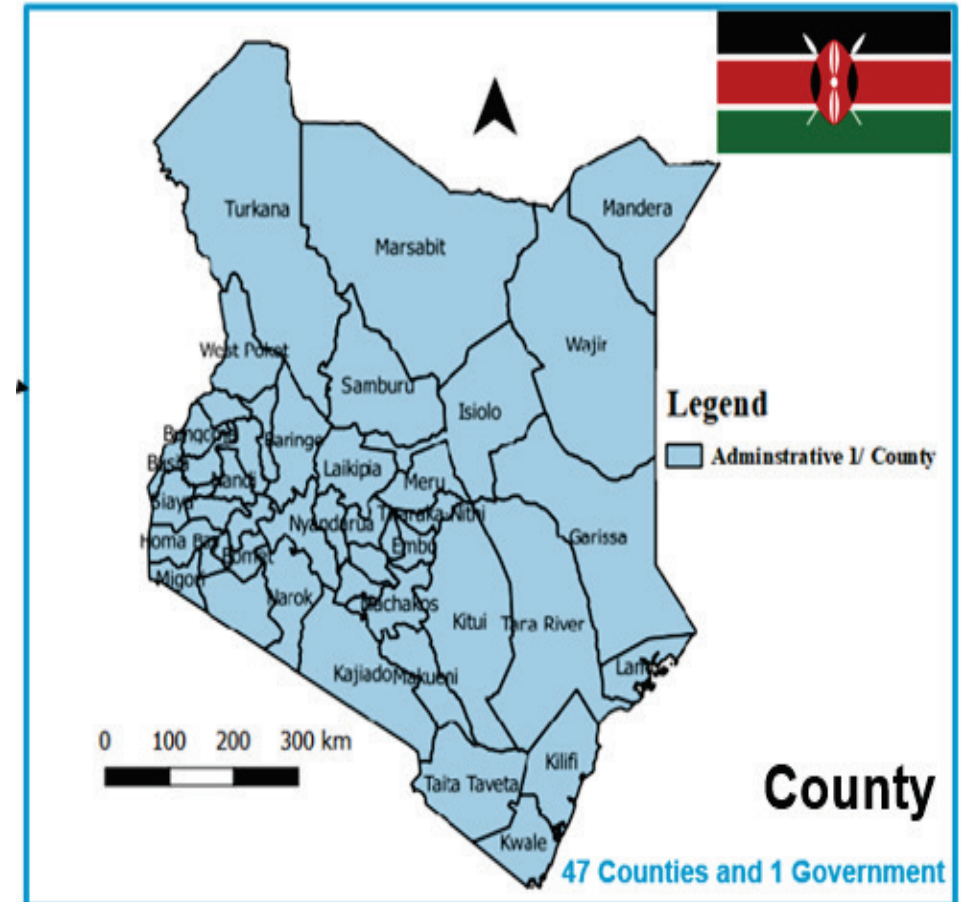
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Country Profile

- Total 2020 Population: **47.6 million**
- Governance structure:
 - National
 - 47 Counties
- 304 sub-counties
- 8,994 health facilities (Public, private & FBO)
- Healthcare worker to Pop. Ratio: 13.8/10,000 pop. (*Kenya Health Workforce Report 2015*)

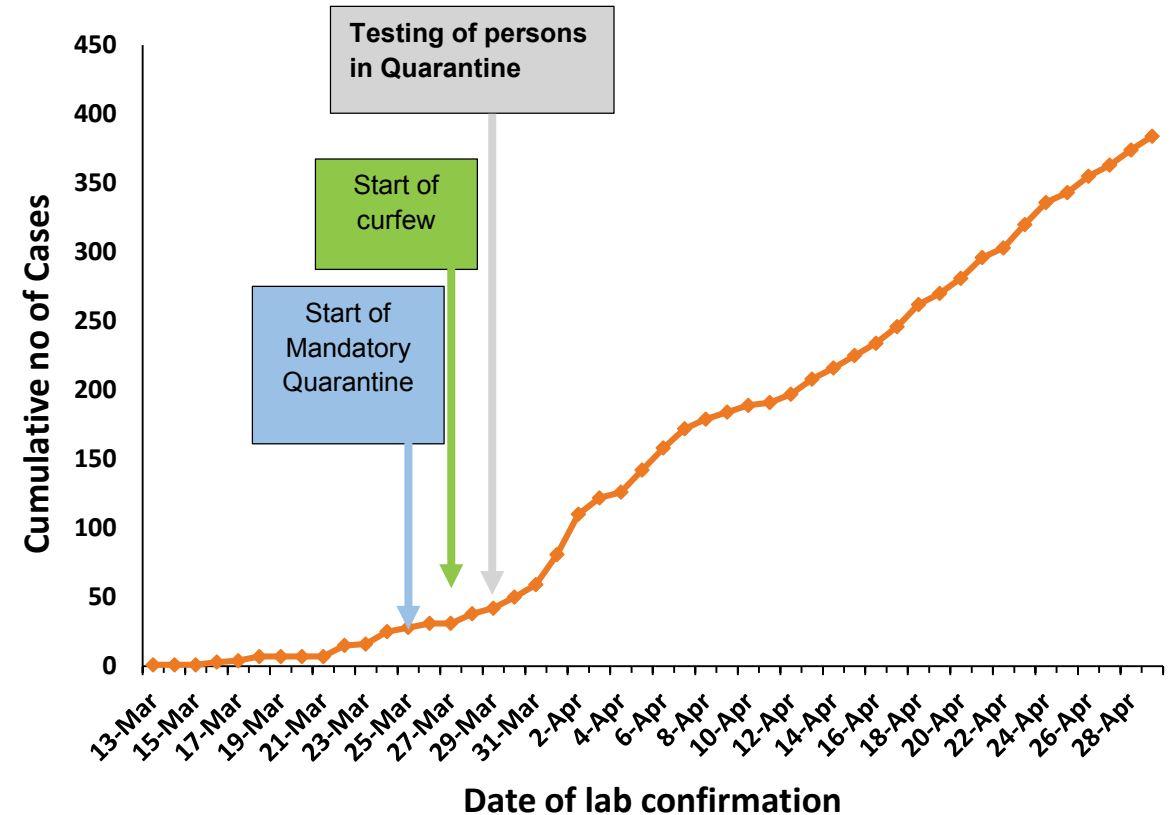


COVID-19 Situational report 1/2

- Kenya confirmed the 1st case on 13th March 2020. The case was a 27 year old female of Kenyan descent, who travelled back to Nairobi from USA via London UK arriving on 5th March 2020
- On arrival she was advised on self-quarantine and the need to present herself to a health facility if she developed symptoms of COVID-19
- Subsequently she self presented to a health facility with cough, headache, chest pain & sneezing on 11th March 2020
- International travel ban- 25th March 2020
- Nationwide curfew (7pm-5am) for 21 days issued on 27th March 2020. H.E the President extended the curfew for an additional 21 days on 25th April 2020

COVID-19 Case Load Summary

- As at 30th April 2020:
 - Confirmed cases 396
 - Recoveries 129 (33%)
 - Deaths 15 (CFR 3.8%)
- **20,268** laboratory samples tested to date
- 14 of 47 Counties affected
- Majority (91%) reported in Nairobi and Mombasa Counties
- 72% are asymptomatic



Strategies adopted by Kenyan government

Category	Measure	category	Measure
Social Distancing	<ul style="list-style-type: none"> • Closures of learning institutions • Remote working • Ban on public events/gatherings • Public service facilities closures 	Public health	<ul style="list-style-type: none"> • Emergency Operations Centre(EOC) activation • Surveillance and monitoring • Case isolation and contact tracing • Quarantine policies • Health Screening • Expanded Targeted testing • Public information & messaging campaigns -Personal behavior including handwashing / respiratory hygiene (Community use of masks) / disinfection
Movement restrictions	<ul style="list-style-type: none"> • Partial lockdowns • Border closures • Flight suspensions • Curfews • Visa restrictions • Local travel bans 	Governance and Economic	<ul style="list-style-type: none"> • Declaration of executive order number 2 of 2020 establishing the National Emergency Response Committee • Economic stimulus to cushion businesses and Individuals • Activation of emergency administrative structures e.g. COVID-19 taskforce

Strengths

PREPAREDNESS

- COVID-19 Contingency plan developed by health sector in January
- Existing National Ebola Virus Disease co-ordination structures adopted to COVID-19 management
- Activated pre-existing nationwide network of laboratories(private and public) for COVID19 testing
- Enhanced screening system at points of entry
- Accelerated capacity building for health workers and frontline workers for rapid response, case management, contact tracing and infection prevention and control at all levels

RESPONSE

- Rapid action by the **Executive Office of the President**
- Sentinel Influenza Surveillance sites provided initial logistics and personnel
- Whole of government approach in the response to COVID-19
- Strong public-private partnership in the response of COVID-19

Challenges & Lessons Learnt

CHALLENGES

- Commodities and Supplies
 - Shortage of PPE in the local and international markets
 - Shortage of diagnostic reagents locally and internationally
- Change of Socio-cultural behaviors (Handshake, traditional burials rites)
- Interruption of essential health and specialized healthcare programs (Cancer care, Immunization, HIV, Maternal care)
- Difficulties in contact tracing and implementation of quarantine measures
- Myths and misconceptions in the community – part of the “infodemic”

LESSONS LEARNT

- Sustained investment in epidemic preparedness is crucial for the seamless response to any outbreak
- Community engagement and involvement during both preparedness and response phases is paramount in the control of the outbreak
- Continuous risk communication to the public at all times reinforces desirable behavior change in the community and addresses myths and misconceptions
- Strong multi-sectoral collaboration is key in addressing public health emergencies and containment

Best Practice

- Innovation by local industries-
 - Mass production of PPES (Masks, Gloves, Face shield, Coveralls)
 - Local production of Ventilators