COVID-19 Pandemic: Kenya’s experience

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30th April, 2020
Country Profile

- Total 2020 Population: **47.6 million**
- Governance structure:
  - National
  - 47 Counties
- 304 sub-counties
- 8,994 health facilities (Public, private & FBO)
COVID-19 Situational report 1/2

• Kenya confirmed the 1\textsuperscript{st} case on 13\textsuperscript{th} 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 5\textsuperscript{th} 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 11\textsuperscript{th} March 2020

• International travel ban- 25\textsuperscript{th} March 2020

• Nationwide curfew (7pm-5am) for 21 days issued on 27\textsuperscript{th} March 2020. H.E the President extended the curfew for an additional 21 days on 25\textsuperscript{th} April 2020
COVID-19 Case Load Summary

• As at 30\textsuperscript{th} 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

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<th>Category</th>
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<tr>
<td>Social Distancing</td>
<td>• Closures of learning institutions&lt;br&gt;• Remote working&lt;br&gt;• Ban on public events/gatherings&lt;br&gt;• Public service facilities closures</td>
<td>Public health</td>
<td>• Emergency Operations Centre (EOC) activation&lt;br&gt;• Surveillance and monitoring&lt;br&gt;• Case isolation and contact tracing&lt;br&gt;• Quarantine policies&lt;br&gt;• Health Screening&lt;br&gt;• Expanded Targeted testing&lt;br&gt;• Public information &amp; messaging campaigns - Personal behavior including handwashing / respiratory hygiene (Community use of masks) / disinfection</td>
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<td>Movement restrictions</td>
<td>• Partial lockdowns&lt;br&gt;• Border closures&lt;br&gt;• Flight suspensions&lt;br&gt;• Curfews&lt;br&gt;• Visa restrictions&lt;br&gt;• Local travel bans</td>
<td>Governance and Economic</td>
<td>• Declaration of executive order number 2 of 2020 establishing the National Emergency Response Committee&lt;br&gt;• Economic stimulus to cushion businesses and Individuals&lt;br&gt;• Activation of emergency administrative structures e.g. COVID-19 taskforce</td>
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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 COVID-19 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