

Coordinating the National Pandemic Response in Kenya

Recommendations and Action Items

The National Coordination of Pandemic Responses Collaborative presented opportunities for multi-sectoral teams of pandemic response leaders in low-and-middle-income countries (LMIC) to share experiences and best practices. Experts from Kenya identified the following lessons and actions to further reduce COVID-19 transmission in their country and enhance future pandemic resiliency.

- Leverage community leadership structures, such as religious communities, civil society organizations, and public leaders to help educate the public, dispel rumors, address COVID-19 vaccine misinformation, improve trust, and increase vaccine uptake.
- Identify the specific public vaccine hesitancy concerns to build targeted and contextually relevant communication campaigns. Campaigns that are specific and targeted towards select groups are more effective at building trust and dispelling misinformation.ⁱ
- Deploy a mix of vaccine delivery mechanisms to increase vaccine uptake and combat vaccine hesitancy. Vaccination efforts can be integrated into existing health screenings and administered in a variety of settings to increase effectiveness and reach different population groups.

Context of COVID-19 in Kenya

Kenya is a lower middle-income country located in sub-Saharan Africa with a population of 47,564,296. The total male population is 23,548,056 (49.5%) and that of females is 24,014, 716, making 50.5% of the population as released by the Kenya National Bureau of Statistics (KNBS) on November 4, 2019.¹ Kenya occupies an area of 591, 971 square kilometers.ⁱⁱ

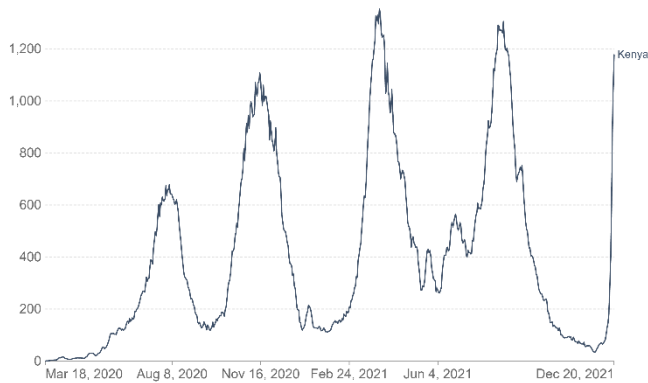
The first case of COVID-19 in Kenya was confirmed on the 13th of March 2020.ⁱⁱⁱ Soon after, the government introduced measures to limit the spread of COVID-19 including closure of international borders, schools, places of worship, bars, and restaurants and banned gatherings.

Kenya has had four waves of infection. The first and second waves were in March and October 2020 while the third and fourth waves were between March and August 2021. By December 2021, there had been 255,088 confirmed cases of COVID-19 with 5,335 confirmed deaths.^{iv}

Utilizing a phased approach, vaccination for COVID-19 commenced in Kenya in March 2021 with an initial focus on health workers, security agents, teachers, frontline workers, and the elderly.^v In September 2021, the government expanded the eligibility criteria for vaccination to include persons over 18 years of age, with medical conditions or disabilities. The Kenyan government aims to vaccinate the whole adult population by 2022 however, only 6% of the population had been reached by 3rd October 2021.^{vi}

Daily new confirmed COVID-19 cases

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.

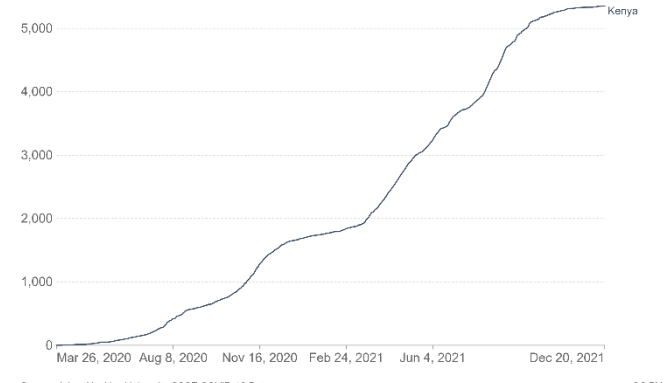


Source: Johns Hopkins University CSSE COVID-19 Data

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Cumulative confirmed COVID-19 deaths

Due to limited testing and challenges in the attribution of the cause of death, confirmed deaths can be lower than the true number of deaths.



Source: Johns Hopkins University CSSE COVID-19 Data

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Figure 1: Number of daily new cases of COVID-19

Figure 2: Cumulative number of COVID-19 Deaths in Kenya

Insights from the national response to COVID-19 in Kenya

The Kenyan President (H.E. Uhuru Kenyatta) established a National Emergency Response Committee (NERC) to mobilize resources and respond to the COVID-19 pandemic. The National Government ministries and the Council of Governors, which represents the sub-national level (counties) in Kenya, are part of NERC. County representation within the NERC ensures their voices are elevated to the national-level, the diverse range of counties' concerns are addressed, and there is ownership and buy-in of NERC directives. The NERC is supported by Technical Task Forces that include academics, development partners, line ministries, and county representation. These technical task forces review available evidence and provide recommendations to the NERC on appropriate responses to the pandemic.

The counties also have County Response Committees with stakeholders to implement measures or directives from the NERC. Clear roles and responsibilities for each of these units prevent overlaps in functions, minimize conflicts on responsibilities and provide a clear mechanism to cascade decisions from the national to the sub-national level.

Kenyan Experience

As reported by the Kenya country team, in response to the pandemic, and the critical role data played in the response, Kenya coordinated the flow of information between the national and county levels of government. To overcome silos, data collection was harmonized by creating a dashboard on which counties upload information that is accessible to all stakeholders. Through this dashboard, there was timely access to national and county level data on the pandemic that was useful to the NERC and county response committees for evidence-based decision making. These data were made available to the public and disseminated through media briefings on the status of the pandemic.

Additionally, trained community volunteers were deployed to visit homes and educate the public on topics like proper hand washing, cough etiquette, social distancing amongst others. This approach was deployed concurrently with the use of mainstream and social media to ensure wide reach among people that may not have access to traditional media sources. By March 2021, community volunteers had reached 67% of households in Kenya with public health prevention messages. Some of the key challenges encountered by the community volunteer approach was the resource intensive nature of the strategy.

KEY LESSONS

County representation within the NERC ensures that their voices are elevated to the national level, the diverse range of counties' concerns are addressed, and there is ownership and buy-in of NERC directives. Some of the key practical approaches of NERC employed are:

- Inclusion of country representatives in the national committee through Council of Governors
- Establishment of complementary Country Response Committees
- Publicly assessible dashboard that captures national and county-level data
- Use of trained community volunteers and social media to educate the public with consistently public health messages across the counties.

Addressing challenges in the national response to COVID-19

Kenya indicated the following areas of concern regarding its response to COVID-19 in discussions with other members of the collaborative:

- *How can countries mobilize people to take existing vaccines, bearing in mind the short expiry dates?* Kenya had several million doses of COVID-19 vaccine that needed to be given with short expiry dates. Furthermore, there was poor penetration in rural areas compared to urban areas.
- *How did your country effectively and efficiently produce oxygen?* Oxygen production was low initially in Kenya and this was a major issue at the peak of the 4th wave. However, the easing of the infection rate and reduced demand presented a window of opportunity for the country to address oxygen production, and this is being done.

In the first phase of the collaborative Kenya commenced their action planning by articulating their problem and vision statements and identified mitigation techniques and steps to achieve their goal. In the first phase, Kenya identified their problem statement to be “Low uptake of vaccines by health care workers and the general public”. To address this, they identified some key activities such as activating a strategic communication plan to ensure adequate COVID-19 vaccine information and sensitization of the target population and the provision of adequate registration devices (tablets).

To address the key questions and challenges of Kenya in Phase II, the Collaborative Technical Facilitation Team identified and engaged with specialists from various sectors and countries. These

specialists worked with the technical team to develop resources and other knowledge products for the community of learners. Additionally, these and other prioritized joint learning topics were highlighted in the final virtual learning event of the Collaborative in January 2022 and synthesized in a final brief entitled, “National Coordination of Multi-sectoral and Multi-level Pandemic Response Collaborative: A Synthesis of Shared Learning”.

Peer-learning provided the following insights for Kenya’s challenges:

Certain counties in Kenya have demonstrated progress with increasing COVID-19 vaccine uptake in communities and these successes can be adapted and replicated across other counties.

In Kisumu County in Western Kenya, factors driving community vaccine hesitancy were myths and misconceptions further complicated by static facility-based vaccination (Kenyans are more familiar with childhood vaccination drives deployed for diseases like polio and measles)⁸. With technical support from WHO and other partners, the County Health Management Team implemented an innovative two-pronged response through a County COVID-19 vaccine roll-out task force. These were targeted advocacy, risk communication, social mobilization to improve vaccine uptake, and community outreach campaigns to increase equity. Using a local multi-stakeholder approach, the outreach delivery mechanism used schools and community sites and integrated this with the Human papillomavirus (HPV) vaccination exercise targeting girls aged 10 – 12 years. The outreach accounted for 83% of COVID-19 vaccine doses administered, while static health facilities accounted for only 17%. Overall, uptake increased from 896 to 4,338 (a 4.8-fold increase in demand and uptake within one week of outreach in May 2021).^{vii}

Effective Community Participation

Community officials, religious leaders, and other multi-sectoral stakeholders are instrumental in reducing vaccine hesitancy and improving the uptake of vaccines in communities in low- and middle-income countries like Kenya.^{viii} Leveraging these community leadership structures will help educate the public, dispel rumors, address COVID-19 vaccine misinformation, improve trust, and increase vaccine uptake. In addition, studies have shown that involving community leaders in active decision-making will prove helpful. These decisions include citing of potential vaccination sites among others.^{ix}

Widespread Contextualized Communication Campaigns

Communication campaigns that consider legitimate concerns of the public are critical to build trust and dispel misinformation.^x Systems that identify specific public vaccine hesitancy concerns need to be developed and this data utilized to design and drive intensive communication campaigns targeted at specific population groups. This clear messaging would help spread goodwill about vaccine safety and efficacy and build public trust.

More insights on the response to COVID-19 in LMIC, including lessons learned from Kenya’s response, were synthesized in the Collaborative’s final report: “National Coordination of Multi-sectoral and Multi-level Pandemic Response Collaborative: A Synthesis of Shared Learning.”

Conclusion

The COVID-19 pandemic presents valuable insights and opportunities for learning from country peers and counties within Kenya that have successfully addressed vaccine hesitancy, improved uptake, and ensured equity with COVID-19 vaccine delivery. As Kenya continues to leverage its multi-stakeholder national coordination mechanism, engage community structures, and maximize harmonized data management systems for effective coordination, the country is better positioning itself to improve vaccine uptake, curb the spread of COVID-19, and expand preparedness to manage future epidemics and outbreaks.

Acknowledgements & About the Collaborative

The National Coordination of Pandemic Responses Collaborative is an initiative of the Joint Learning Network for Universal Health Coverage (JLN) and the Health Systems Strengthening Accelerator project to foster experience sharing and collaborative learning around the challenges and successes with managing central coordination of a national response to the COVID-19 pandemic. In the first phase of activities, between December 2020 and April 2021, the Collaborative facilitated cross-country exchanges on what has worked and not worked as well with multisectoral teams from Bahrain, Bangladesh, Ethiopia, Kenya, Indonesia, Mongolia, Nigeria, and Senegal. In the second phase, between July 2021 and January 2022, participating countries (Bangladesh, Ethiopia, and Kenya) applied learning from the first phase and drew on support from the Collaborative's Community of Learners to address specific challenges in their national response to COVID-19.

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ⁱ Cooper, S., van Rooyen, H., & Wiysonge, C. S. (2021). COVID-19 vaccine hesitancy in South Africa: how can we maximize uptake of COVID-19 vaccines?. *Expert Review of Vaccines*, 20(8), 921-933.

ⁱⁱ <https://thecommonwealth.org/our-member-countries/kenya>

ⁱⁱⁱ Brand SPC, Ojal J, Aziza R, et al. COVID-19 transmission dynamics underlying epidemic waves in Kenya. medRxiv 2021.06.17.21259100; doi: <https://doi.org/10.1101/2021.06.17.21259100>.

^{iv} <https://covid19.who.int/region/afro/country/ke>

^v https://preventepidemics.org/wp-content/uploads/2021/11/kenya_en_20211109_1256.pdf

^{vi} https://preventepidemics.org/wp-content/uploads/2021/11/kenya_en_20211109_1256.pdf

^{vii} Stories from the field: Special series on the COVID-19 response – Kenya.

<https://www.uhcpartnership.net/story-kenya/>. 2 December 2020.

^{viii} Afolabi, A. A., & Ilesanmi, O. S. (2021). Dealing with vaccine hesitancy in Africa: the prospective COVID-19 vaccine context. *The Pan African Medical Journal*, 38.

^{ix} Nachege, J. B., Sam-Agudu, N. A., Masekela, R., van der Zalm, M. M., Nsanzimana, S., Condo, J., ... & Suleman, F. (2021). Addressing challenges to rolling out COVID-19 vaccines in African countries. *The Lancet Global Health*, 9(6), e746-e748.

^x Cooper, S., van Rooyen, H., & Wiysonge, C. S. (2021). COVID-19 vaccine hesitancy in South Africa: how can we maximize uptake of COVID-19 vaccines?. *Expert Review of Vaccines*, 20(8), 921-933.