Kenya

Decision making for social and movement measures in the context of COVID-19

SNAPSHOT AS OF NOVEMBER 2020

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Dr. Mwangangi works in the Ministry of Health, as the newly appointed Chief Administrative Secretary. In this role, she supports the Cabinet Secretary in providing oversight and stewardship in the implementation of Health Sector policies and in building collaborative partnerships with a diverse range of sector stakeholders. Prior to her appointment Dr Mwangangi worked as a Technical Advisor to the Cabinet Secretary at the Ministry of Health and previously as Head of Health Financing and Health Economics at the same Ministry.

1. Which social and/or movement measures against COVID-19 are currently in place in your country?

☑ Closures of schools

☐ Closures of offices, businesses, institutions and/or operations closures

☑ Restrictions on domestic movement (e.g. stay-at-home, stay within a city, etc.)

☐ Limitations to international travel

☑ Restriction on size of gatherings

☑ Other (please specify)
- CURFEWS
- PHYSICAL DISTANCING
- WEARING OF FACE MASKS
- CLOSURE OF SOME SPORTING DISCIPLINES, AGRICULTURAL SHOWS, ETC.

2. Which information has been used to make these decisions in your country?

Advice from the National Emergence Response Committee (NERC) (established under Executive Order No.2 of 2020) which review the evolving threat and coordinates the country's preparedness and national response to COVID-19.

The above decisions have been made through the advice from the National Modelling Consortium based on COVID-19 statistics, health systems capacity, economic indicators, WHO and Africa CDC guidance, and national security considerations.

3. Please describe the process (formal or informal) through which information/data are discussed and decisions are made

The COVID-19 modelling information and projections are discussed by the Modelling consortium. The resolutions are then shared with the National Emergency Response Committee (NERC) chaired by the Cabinet Secretary for the Ministry of Health. This committee advises H.E the President on public health measures to undertake, and regularly convenes the National and County Governments Coordinating Summit to deliberate on the state of the COVID-19 pandemic in the country and the needed public health mitigation measures, which are then communicated to the country.

Protocols and guidelines are developed by the Ministry of Health line directorates, and enabling ministries and agencies.

4. How are selected measures communicated/explained to stakeholders and/or the general public?

The Government is using multiple channels to communicate with the public about COVID-19.

- The use of Information, Education & Communication (IEC) through print and electronic media translated into various languages. This has involved working with communities to develop communication strategies which has enhanced community participation in the fight against COVID-19.

- The government is partnering with the National Business Compact on Coronavirus and has been using Social and Behaviour Change (SBC) to support the fight against COVID-19 in Kenya. The business community has supported through:
  – Donation of essential supplies
  – Development and deployment of risk communication materials on COVID-19 and preventive measures

- The Public Health Emergency Operations Centre (PHEOC) has been coordinating the reporting of all COVID-19 cases in the country. This centralised approach ensures smooth coordination and a single source of truth with regards to statistics and information on the disease in the country.

- The Ministry of Health has also used posters and banners to communicate the messages.

5. What have been the key challenges and/or lessons learnt from your experience/perspective?

Challenges

- Shortage of commodities and supplies
- Change in socio-cultural behaviors
- Interruption of essential health and specialized healthcare programs
- Difficulties in contact tracing and implementation of quarantine measures
- Myths and misconceptions in the community – part of the "infodemic".

Lessons learned

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