CURRENT CASE STATUS AS OF APRIL 8, 2020*

FIRST CONFIRMED CASE
- **March 12, 2020**

TOTAL CONFIRMED CASES
- **184** infected people

TOTAL DEATHS
- **8** deaths

NEW CASES BY DAY

*Data Source: Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)*
CURRENT SITUATION & RESPONSE

ECONOMIC MEASURES
- Individual & business tax cuts
- $50 million aid from World Bank

SOCIAL DISTANCING
- Strict curfews and “heavy-handed” police enforcement
- “Mass exodus” from urban centers → internal travel ban

TESTING & TRACING
- Random temp checks
- Select public testing (free)
- Chloroquine use (over the counter ban)
- Isolation centers

PUBLIC SERVICES
- Skype court cases → 4800 prisoners released
- Schools closed
- International travel ban & canceled flights

Image Sources Left to Right: CapitalFM.co.ke, bbc.co.uk, bloomberg.com, kbc.co.ke
LOOKING AHEAD: VULNERABILITIES

- **Densely** populated cities & other areas
  - Urban slums
  - Internally displaced persons (IDP) camps

- **Large rural** population
  - 68% rural

- **WASH** challenges
  - 29% of households lack access to an improved drinking water source
  - 47% of households use non-improved toilet/latrine facilities

Image source: Jayne & Muyanga 2012
VULNERABILITIES CONT.

Economic vulnerability:
- Unemployment (9.30%)
- Large informal sector (80%)
- Low gov’t spending on health (<7% gov’t expenditure)

COVID-19 specific:
- Lack of PPE & other critical supplies
- Lack of testing kits
- Insufficient health workforce
- Misinformation about the disease on social media (WhatsApp)
STRENGTHS & ADVANTAGES

- Young population
- Decentralized structure → more nimble, multisectoral approach
- Government has been responsive and swift to act
- Experience preparing for and responding to large-scale infectious disease outbreaks (HIV/AIDS, Ebola)
- Robust detection & reporting, incl. laboratory systems and epidemiological workforce
**COVID-19 PREPAREDNESS ASSESSMENT**

- **47.1/100 score on the Global Health Security Index**
  - Ranked _most prepared_ for early detection + reporting for pandemics
  - Ranked _least prepared_ for sufficient & robust health system to treat the sick & protect health workers

- **0.385/1.000 score on Infectious Disease Vulnerability Index**
  - Low score = highly vulnerable
  - Health system weaknesses

- **JEE report (2017) findings**
  - Relatively strong in surveillance
  - Lacking in medical countermeasures, personnel deployment
The Three Delay Framework can shed some light on obstacles towards treatment and care for COVID patients.

This will lead to our key suggestions in this proposal such as improving reach of healthcare practices and implementing training sessions.

Image adapted from: Emergency Obstetric Referral in Rural Sierra Leone: What Can Motorbike Ambulances Contribute?
POLICY PLAN:
Strengthen Emergency Health Systems Capacity

1. Develop efficient nationwide distribution of supplies to all 47 counties.
2. Increase the number of trained healthcare workers.
3. Improve communication within and between counties and MoH.
SUPPLY CHAIN
Procurement → Distribution

KEMSA (Kenya Medical Supplies Authority)

- Procurement of supplies: manufacturing of masks and PPE
- Partnership with Postal Corporation of Kenya
- 8 major supply distribution centers
- Designate counties to distribution center
- Elect county supply teams
- County supply teams distribute by county needs
STRENGTHEN WORKFORCE
New Healthcare Workers

- Free mobile CHW training for out of work government employees.
  - Maintain normal govt salary.

- Expedite graduation of current medical & nursing students.
  - Allow students to work in clinics & hospitals most in need for practicum/internship.

- Offer course credit & partial tuition refunds to all students who take CHW & hospital staff jobs.

Image Source: bloomberg.com
STRENGTHEN WORKFORCE
Renewed Workforce

- Extend deadlines, and offer more frequent licensure examinations.
- Remove fees for renewals, licensure examinations, and applications.
- Put a call out and incentivise renewals -- specifically nurses:
  - 19,591 nurses working (2012)
  - 51,649 “ever-registered nurses under 60 years of age” (2017)
IMPROVE COMMUNICATION AMONG HEALTH WORKERS

- Top-down approach
- Establish one body as primary spokesperson for health workers
  - Ministry of Health
- Establish and map out a chain of communication in the health sector
IMPROVE COMMUNICATION AMONG HEALTH WORKERS

- Form a **Single Overarching Communication Outcome (SOCO)** for health workers
- Develop a **protocol** for delivering messages (mode of communication and time/frequency)

**SOCO components:**
- All health workers should wear full PPE when available
- Suspected cases should be tested and treated as COVID-19 case
- Isolate positive patients
FUNDING: SOURCES

INTEREST

INFLUENCE
FUNDING: ALLOCATION

- **Domestic Funding**
  - Spending shifts
  - Emergency reserves

- **External Funding**
  - World Bank donated $50 million
  - Africa COVID-19 Response Fund

Image Source: century.co.ke
**SUMMARY:**

Strengthen Emergency Health Systems Capacity

1. Develop efficient nationwide distribution of supplies to all 47 counties.
2. Increase the number of trained healthcare workers.
3. Improve communication within and between counties and MoH.

Questions?