COVID-19 Summary Update for Kenya
Context: COVID-19 in Kenya
**BACKGROUND**

— **January 2020:** The Ministry of Health (MOH) issued the National 2019 Novel Coronavirus Contingency (Readiness and Early Response) Plan

— **February 2020:** President Kenyatta issued an Executive Order on February 28 to establish the National Emergency Response Committee (NERC) on Coronavirus (21 members)

NERC responsibilities

1. Coordinate Kenya’s preparedness and response to COVID-19
2. Coordinate building capacity of medical personnel and other professionals
3. Enhance surveillance at all points of entry
4. Coordinate the preparation of national, county, and private isolation and treatment facilities
5. Coordinate the supply of testing kits, critical medical supplies, and equipment
6. Conduct economic impact assessment and developing mitigation strategies
7. Coordinate technical, financial, and human resources efforts with development partners and key local stakeholders
8. Formulate, enforce, and review processes and requirements that regulate entry of people travelling from COVID-19 affected countries

Source: Executive Order No. 2 of 2020
**BACKGROUND**

13 March 2020

First case of COVID-19 confirmed in Kenya

16 March 2020

Highlights from President Kenyatta’s press statement:
- Travel suspended for all persons coming from any country with reported COVID-19 cases, except Kenyan citizens/foreigners with valid residence permits who must self-quarantine
- All persons who entered Kenya in the last 14 days must self-quarantine
- Schools closed
- Working from home recommended
- Cashless transactions encouraged
- Social distancing measures recommended

22 March 2020

Highlights from NERC’s press statement:
- International flights to be suspended as of 25 March 2020, except cargo flights
- Social distancing measures reinforced
- All religious gatherings suspended

31 March 2020

Highlights from NERC’s press statement:
- Main isolation center: Mbagathi Hospital
- Kenyatta University Teaching Research and Referral Hospital, level 4 and 5 facilities in counties to be used for treating COVID-19 cases
- 1,000 health workers to be hired
- Government scaled-up acquisition of personal protective equipment
- Two national testing centers: National Influenza Center and KEMRI laboratories

Source: Statement on confirmed COVID-19 case on 13 March 2020; Press statement by H. E. Uhuru Kenyatta; NERC press statement; NERC update and response measures as of 31 March 2020
6 April 2020

- Lockdown in highly affected areas: Nairobi metropolitan area, Mombasa, Kilifi, Kwale (restricted movement in and out of these areas for the next 21 days)
- Nation wide curfew (7 pm – 5 am)

May 2020

- The Council of Governors (COG) established the cross-sector COVID-19 Secretariat to coordinate counties’ response and recovery strategy

BACKGROUND

30 June 2020

— 69% of the confirmed cases are males, most of them in the age group of 30-39 years. 77% of deaths are among males.

— Half of the total confirmed COVID-19 cases are from Nairobi, followed by Mombasa (23%).

27 July 2020

— Around 60% of the confirmed COVID-19 cases are from Nairobi, followed by Mombasa (11%).

18 August 2020

— Around 60% of the confirmed COVID-19 cases are from Nairobi, followed by Kiambu (7%).

Total cases: 6,366
Male: 4,363
Female: 2,003
Deaths: 148

Total cases: 17,975
Male: 11,765
Female: 6,210
Deaths: 285

10 September 2020

- Spike in COVID-19 infections, including among health care workers
- Reduced uptake of essential health services

20 October 2020

- The number of COVID-19 cases increased since the beginning of October, following an increase on laboratory testing capacity across the country

29 November 2020

- New Cases: 711
- Confirmed Cases: 83316
- New Recoveries: 576
- Total Recoveries: 54975
- New Deaths: 7
- Total Deaths: 1452

Total cases: 45,647
Total recoveries: 32,522
Deaths: 842

Total cases: 35,603
Total recoveries: 22,047
Deaths: 612

**NATIONAL COVID-19 TASK FORCE LEADS IMPLEMENTATION OF CONTINGENCY PLAN**

<table>
<thead>
<tr>
<th>Membership</th>
<th>Mandate</th>
<th>Functions</th>
<th>Sub-committees</th>
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<tbody>
<tr>
<td>MOH</td>
<td>Review the evolving threat from the COVID-19 outbreak, coordinate and mobilize technical advice and financial resources to MOH and other ministries on appropriate measures</td>
<td>Convene COVID-19 Task Force (chaired by the Principal Secretary) and outbreak coordination meetings</td>
<td>Resource mobilization</td>
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<tr>
<td>Other government agencies</td>
<td></td>
<td>Prepare and release daily and weekly situation reports</td>
<td>Public health emergency operations</td>
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<tr>
<td>United Nations</td>
<td></td>
<td>Prepare regular media updates</td>
<td>Media, communications, and call center</td>
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<tr>
<td>Development partners</td>
<td></td>
<td>Conduct regular risk and needs assessment</td>
<td>Case management and capacity building for health workers</td>
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<tr>
<td>NGOs</td>
<td></td>
<td>Manage communication hotlines</td>
<td>Laboratories of samples handling and testing</td>
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<tr>
<td>Civil society organizations</td>
<td></td>
<td>Facilitate simulation exercises</td>
<td>Facility preparedness</td>
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ThinkWell Kenya: Contributions to COVID-19 response
STRATEGIES TO SUPPORT KENYA’S COVID-19 RESPONSE

SUPPORT COUNCIL OF GOVERNORS (COG) WITH COVID-19 RESPONSE

- Technical support to COVID-19 Secretariat at Council of Governors (COG)
- Support Health County Executive Committees’ Caucus to ensure continuity of primary health services especially reproductive, maternal, newborn, and child health (RMNCH) and family planning

SUPPORT SP4PHC PROJECT COUNTIES UNDERTAKE COVID-19 RESPONSE ACTIVITIES

- Support County Governments of Isiolo, Kilifi, and Makueni to prepare for and respond to COVID-19
- These are primarily related to COVID-19 issues related to purchasing and health financing of PHC services

DOCUMENT LEARNINGS TO IMPROVE PREPAREDNESS TO FUTURE EPIDEMICS

- Document learnings emerging from the COVID-19 response in real-time in partnership with KEMRI Wellcome Trust
- These include the development of a range of learning products, including blogs, on a variety of health financing topics related to COVID-19

Technical support ended on 31 July 2020. Read more about this engagement in our report and lessons learnt in our blog.

**Resource mobilization sub-committee**

**Mandate:** Coordinate efforts to mobilize technical support and financial resources for the COVID-19 response.

- Embedded ThinkWell staff at the Council of Governors (COG) represent this council in the sub-committee to identify the resources required at county level
- ThinkWell staff collaborated with PATH to support development and review of tools, and train county pharmacists to use the tools to track distribution of commodities

**Case management and capacity building for health workers sub-committee**

**Mandate:** Coordinate development of medical protocols, guidelines, and training materials for health workers on COVID-19 and essential services

ThinkWell staff:
- Represented COG in the RMNCH stakeholder group
- Reviewed and supported dissemination of national guidelines to ensure continuity of RMNCH and family planning services
- Analyzed trends in utilization of RMNCH services to advise counties
- Liaised with the community health services group to discuss county issues.

Facility preparedness sub-committee

**Mandate:** Coordinate efforts to ensure that facilities have adequate capacity to offer COVID-19 treatment and other essential services to patients

ThinkWell staff:
- Supported the assessment of counties and facility preparedness to handle COVID-19 patients
- Supported orientation of County Executive Committees to set up Emergency Operations Centers and response teams

Public health emergency operations sub-committee

**Mandate:** Coordinate implementation of public health interventions at the national and county levels

- ThinkWell staff liaised with the surveillance teams to develop county reports

What are the signs and symptoms of COVID-19?

- High body temperature
- Coughing & sneezing
- Sore throat
- Headache
- Difficulty in breathing

The symptoms start within 14 days of being infected.

If you have these symptoms, visit the nearest health facility for medical attention or contact Ministry of Health emergency teams on hotlines: 0729471414 and 0732353535.
THINKWELL SUPPORTED THE CROSS-SECTOR COVID-19 SECRETARIAT TO COORDINATE COUNTIES’ RESPONSE AND RECOVERY STRATEGY

Our staff supported intergovernmental and stakeholder engagements, but also provided technical advisory support and contributed to analytics on:

- Financial resource allocation and spending in the health sector, but also in other sectors during and post COVID-19
- Development of COVID-19 tracking tools (e.g. Kenya Health Facility Beds Occupancy dashboard, Kenya COVID-19 County Financial Tracking dashboard)
- Weekly county progress on COVID-19 preparedness and response
- Service uptake trends using routine and survey data (in collaboration with other partners and government entities)
- Strategies for continuity of primary care services, particularly RMNCH and family planning
- Cross-sector learning and knowledge management to ensure that counties follow appropriate strategies for service delivery and financing of COVID-19 and essential health services
- Emerging non-health impact of COVID-19 in other sectors
THINKWELL WORKS WITH THE SP4PHC PROJECT COUNTIES TO RESPOND TO COVID-19

**ISIOLO COUNTY**
- Developed checklist to determine preparedness of health facilities to respond to COVID-19
- Helped to assess preparedness of isolation and quarantine units in rural areas
- Supported the County Department of Health (CDOH) to disseminate information from MOH to health workers in the county
- Participated in CDOH meetings and day-to-day activities to strengthen the COVID-19 response and preparedness
- Supported the County Health Management Team to determine human resources needs for providing home-based care

**KILIFI COUNTY**
- Supported improvement of surveillance through communication airtime
- Supported coordination of resource mobilization with various stakeholders in the county
- Participated in CDOH meetings to identify partners’ areas of support and explore the possibility of testing people at home

**MAKUENI COUNTY**
- Developed the COVID-19 pandemic contingency plan
- Provided technical support to the county COVID-19 coordination and surveillance teams
- Supported dissemination of MOH guidelines and use of data analytics for decision making
Financing the COVID-19 response: documentation of lessons from Kenya
Kenya embarked on a process of devolution in 2013 - the country now has 49 public purchasers.

**Ministry of Health**
- Oversees tertiary hospitals and national laboratories
- Transfers funds to counties to finance health service delivery

**47 County Departments of Health**
- Responsible for all primary and secondary care
- Pays for salaries, commodities, and other operating costs for public providers through input-based financing
- Can allow public facilities to retain and spend funds they collect

**National Hospital Insurance Fund**
- Operates a range of insurance schemes (~20% of the population covered)
- Covers inpatient and outpatient services
- Contracts both public and private providers for all schemes
FLOW OF FUNDS -- OR THE LACK THEREOF?

March 2020
First case of COVID-19 confirmed on the 13th, and country soon enters “lockdown” mode.

In the initial stages, COVID-19 hotspots were highly concentrated in 2-3 parts of the country.
Elsewhere, county officials and facilities lacked resources to prepare for the pandemic and take necessary precautions to deliver essential health services.

Access the blog here
CHALLENGE 1: COUNTIES WERE SLOW TO ALLOCATE FUNDS FOR THE COVID-19 RESPONSE

- Although the 2012 Public Finance Management Act allows counties to set up an emergency fund, many counties had not set these up prior to COVID.
- County assemblies struggled to pass supplementary budgets due to lockdown measures.

Ultimately, counties are reliant on transfers from the National Government, which are frequently delayed.

Source: Controller of Budgets, County Govts Annual Budget Implementation Review Report, FY2018-19
CHALLENGE 2: DELAYS IN FLOW OF FUNDS FROM NATIONAL GOVERNMENT TO COUNTIES

November 2019
First supplementary budget of ~6 billion shillings (55 million USD) approved by the National Assembly.

January-February 2020

March 2020
First case of COVID-19 confirmed on the 13th, and country soon enters “lockdown” mode.

Mid-June 2020
Counties start receiving funds from the National Treasury.
Third supplementary budget of ~18 billions (165 million USD) passed, which includes allowances for healthcare workers.

22 April 2020
Second supplementary budget of ~41 billion shillings (380 million USD) passed, which includes conditional grants for counties.

<table>
<thead>
<tr>
<th>County</th>
<th>Conditional grants (KSh.)</th>
<th>County resources (KSh.)</th>
<th>DANIDA funds (KSh.)</th>
<th>Total allocation (KSh.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isiolo</td>
<td>16,238,000</td>
<td>40,000,000</td>
<td>4,375,000</td>
<td>60,613,000</td>
</tr>
<tr>
<td>Kilifi</td>
<td>146,052,000</td>
<td>220,000,000</td>
<td>12,075,000</td>
<td>378,127,000</td>
</tr>
<tr>
<td>Makueni</td>
<td>119,715,000</td>
<td>45,000,000</td>
<td>7,945,000</td>
<td>172,660,000</td>
</tr>
<tr>
<td>Total allocation to all counties</td>
<td>5,000,000,000</td>
<td>6,290,950,000</td>
<td>350,000,000</td>
<td>11,640,950,000</td>
</tr>
</tbody>
</table>

Source: National Treasury and County Governments
Revenue impasse: County staff yet to get June, July salaries

Thousands of county workers are yet to receive their July salaries even as the impasse over the revenue sharing formula persists at the Senate.

This comes as county governments still wait to access funds for the month of June, transferred to their accounts last Friday, due to a technicality.
**CHALLENGE 3: FLOW OF FUNDS TO FACILITIES**

**Public hospitals**

- Pre-COVID-19, the ability of public hospitals to retain and spend funds they collected from user fees, NHIF reimbursements etc. depended on the county.

- Selected public hospitals in areas with hotspots received disbursement from the MOH to respond to COVID-19.

- Elsewhere, release of funds to facilities slowed even as collections from user fees dropped.

- URGENT NEED TO INCREASE FACILITY AUTONOMY

**Public PHC facilities**

- Pre-COVID-19, public PHC facilities received funds from the county government and some NHIF reimbursements, which they spend on operations and maintenance.

- During the pandemic, the release of funds from both sources has slowed.
OUT-OF-POCKET PAYMENTS FOR COVID-19 SERVICES

Initially, charges for quarantining served as a deterrent for people accessing free COVID-19 testing. Eventually, all testing and treatment in the public sector was made free.

Private facilities charge fees for COVID-19 services

Access the blog here

Key Messages
- Per patient COVID-19 case management costs in hospitals are substantial ranging from KES 31,308 per day for asymptomatic patients, KES 21,241 per day for patients with mild symptoms, KES 14,705 for patients with severe dience and KES 51,684 for critical COVID-19 patients in ICU.
- There is therefore an urgent need to develop a sustainable financing arrangement for COVID-19 for the country.
- If these costs are passed on to patients to pay out of pocket, they will result in significant catastrophic and impoverishment.
- It is imperative, therefore, for the country to

What Does it Cost to Treat a COVID-19 Patient in Kenya?

In Summary
- The Ministry of Health in Kenya is implementing strategies to ensure that patients with severe COVID-19 are treated free of cost, provided they do not have any other underlying conditions.
- The treatment costs for COVID-19 patients in Kenya are significantly lower compared to the costs of treatment in hospitals.
- The Ministry of Health in Kenya is committed to ensuring that all patients receive quality care and are treated fairly.

Access the blog here
NHIF: THE ELEPHANT IN THE ROOM

In late July, NHIF started covering costs of COVID-19 services in MOH-designated public facilities.

COVID-19 underscores persisting challenges

- Voluntary contributions dropped by 80%
- Delays in payments to private facilities impairs their ability to operate during a time when their services are needed most

A missed opportunity?

- NHIF has cash on hand (potentially more than normal as hospitalizations for non-COVID-19 services dropped by ~25%).
- NHIF covers health workers and their dependents and represents a way to reiterate the country’s commitment to protect them.
- NHIF can contract and pay private facilities for COVID-19 services, a capacity that has not been tapped.
WHAT IS AND IS NOT WORKING IN KENYA’S COVID-19 RESPONSE?

**Working**

- National and county governments have prioritized the COVID-19 response and committed domestic resources.
- Donors and partners have moved rapidly to channel resources to the country.
- National government coordination of the COVID-19 response and delivery of essential services has been strong.

**Not Working**

- A range of PFM issues has delayed release of funds to counties, and from counties to public facilities posing a significant challenge for delivery of services.
- Potential of NHIF to purchase services from private facilities and re-enforce medical cover for front-line health workers is largely untapped.

Access the blog [here](#)
Thank you

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SP4PHC is a project that ThinkWell is implementing in partnership with government agencies and local research institutions in five countries, with support from a grant from the Bill & Melinda Gates Foundation. For more information, please visit our website at https://thinkwell.global/projects/sp4phc/. For questions, please write to us at sp4phc@thinkwell.global.