

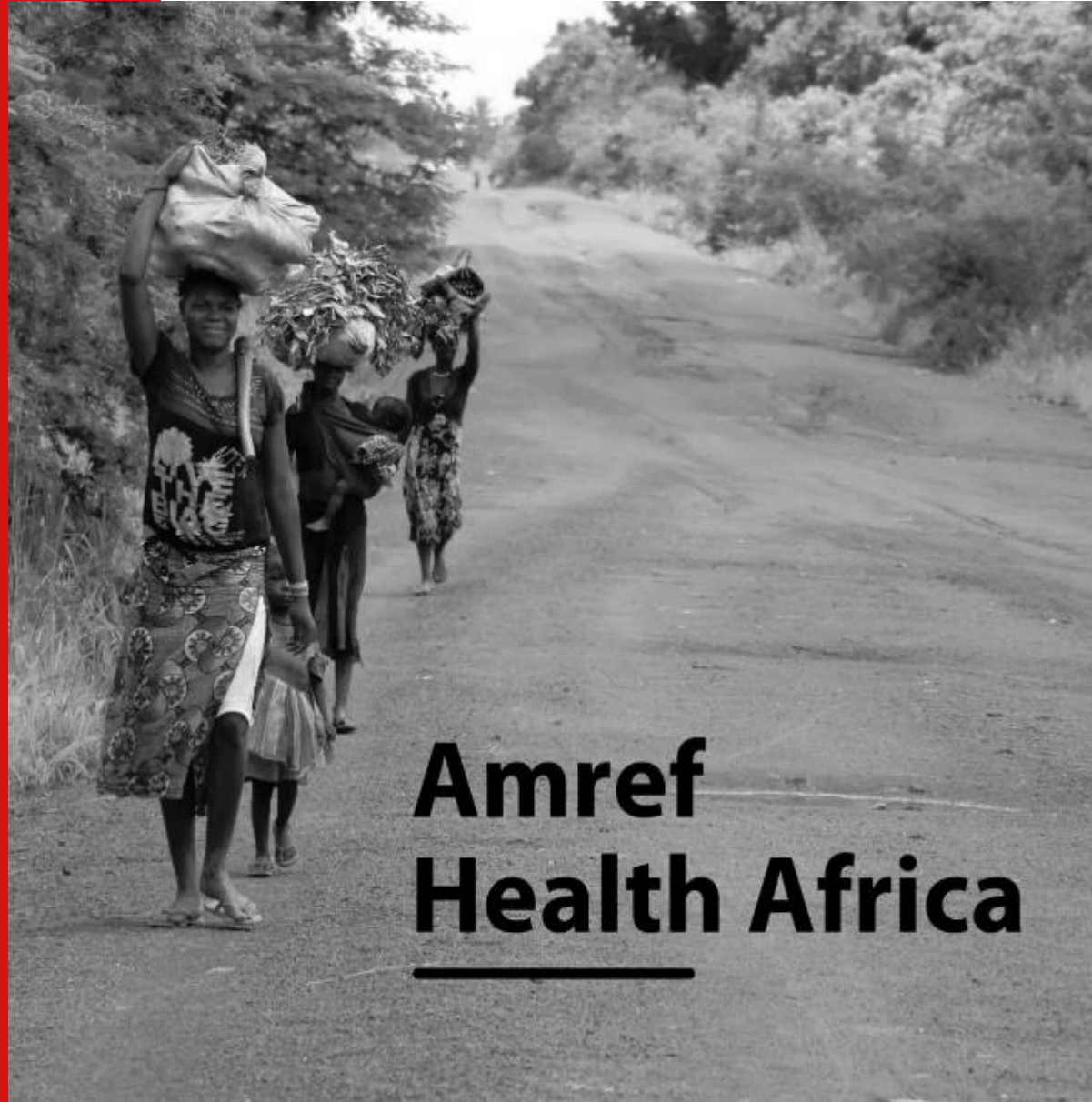


COVID-19 in Kenya

**Yesterday, Today and
Tomorrow**

**Dr. Githinji Gitahi
Group CEO
Amref Health Africa**

October 22th, 2020



**Amref
Health Africa**

On your mark.....

30th Jan 2020
WHO declared PHEIC

Executive Office of the President
State House - Registry

The President

EXECUTIVE ORDER NO. 2 OF 2020

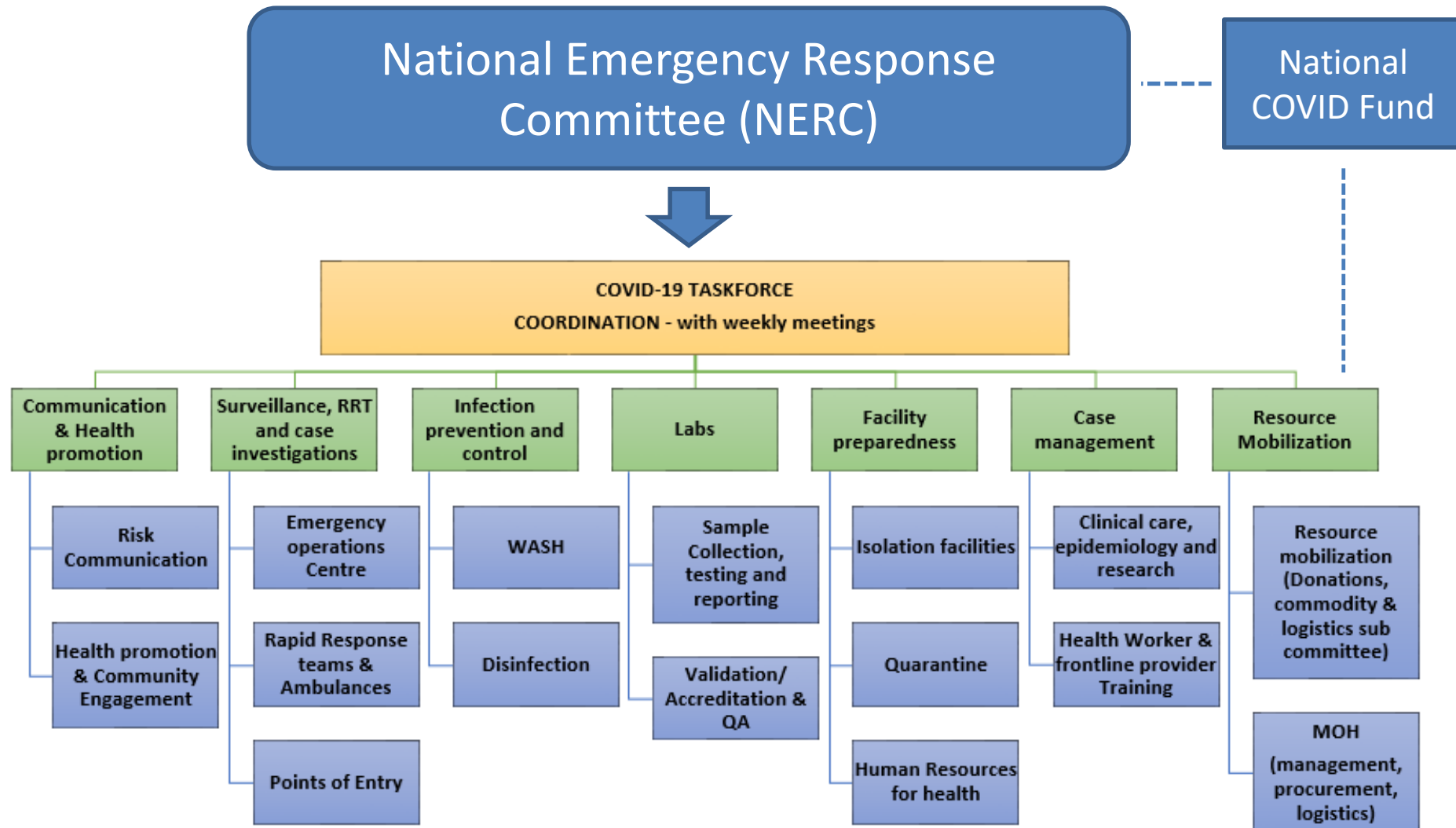
NATIONAL EMERGENCY RESPONSE COMMITTEE ON CORONAVIRUS

ISSUED AT STATE HOUSE, NAIROBI
ON THE 28TH DAY OF FEBRUARY 2020

28th February 2020
National Emergency Response
Committee established

- I. **THAT**, the national isolation and treatment facility at **Mbagathi Hospital** be completed and ready to receive patients **within seven days** from the date hereof.
- II. **THAT**, the identification and preparation of isolation and treatment facilities in **LEVEL V AND REFERRAL HOSPITALS** across the country be concluded by the **15th March, 2020**.
- III. **THAT, THE NATIONAL EMERGENCY RESPONSE COMMITTEE ON CORONAVIRUS** is hereby established.
- IV. **THAT**, the Cabinet's Ad-Hoc Committee on Health and the Inter-Ministerial Technical Committee on Government Response to the Coronavirus Outbreak are hereby subsumed into the National Emergency Response Committee and **stand dissolved**.

Organisation of the Kenya National Response



*Gov agencies, Development partners, civil society, private sector worked together in the National Task Force

13th March 2020



MoH Website – 13th March 2020

- Wash your hands with soap and water, or **use alcohol-based hand sanitizer.**
- Maintain a distance of at least **1 meter (5 feet)** between yourself and anyone who is coughing or sneezing.
- Persons with a cough or sneezing should stay home or keep a social distance, but avoid mixing with others in a crowd.

- Stay at home if you feel unwell with symptoms like fever, cough and difficulty in breathing.
- Suspend all public gatherings, meetings, religious crusades games events etc. **Normal church services can go on provided they provide sanitizing/and hand washing.**
- Suspend all inter – school events, but **keep schools open.**
- Public transport providers are directed to provide hand sanitizers for their clients and regular cleaning of the vehicles.
- Temporary suspension of prison visits for the **next 30 days.**
- Kenyans must not abuse social media platforms or indulge in spreading **misinformation** that can cause fear and panic.
- Travel restrictions outside the country unless absolutely necessary and **no travel to disease Epicenter countries.**
- **Dissemination of information on daily basis.**

Soon after...

15th March - School closures



23rd March – Other closures

International travel | Churches and mosques | Bars | Weddings



Why the strong response?

Transmissibility and virulence (mortality) of coronaviruses.

Data approximate.

	Low mortality	Higher mortality
High transmission	Current human coronaviruses 229E, NL63, OC43, HKU1.	COVID-19. Around 1% mortality, CFR around 1.5%. Very high transmissibility.
Low Transmission	Not worth worrying about.	MERS. 2494 cases, 858 deaths. 35% CFR. SARS. 8422 cases 774 deaths. 11-15% CFR.



MINISTRY OF HEALTH

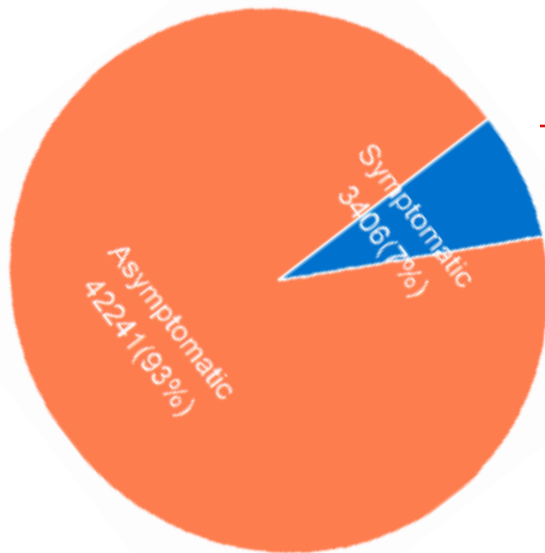
DATA AS REPORTED BY 1700 HOURS 20 October

COVID-19 OUTBREAK IN KENYA

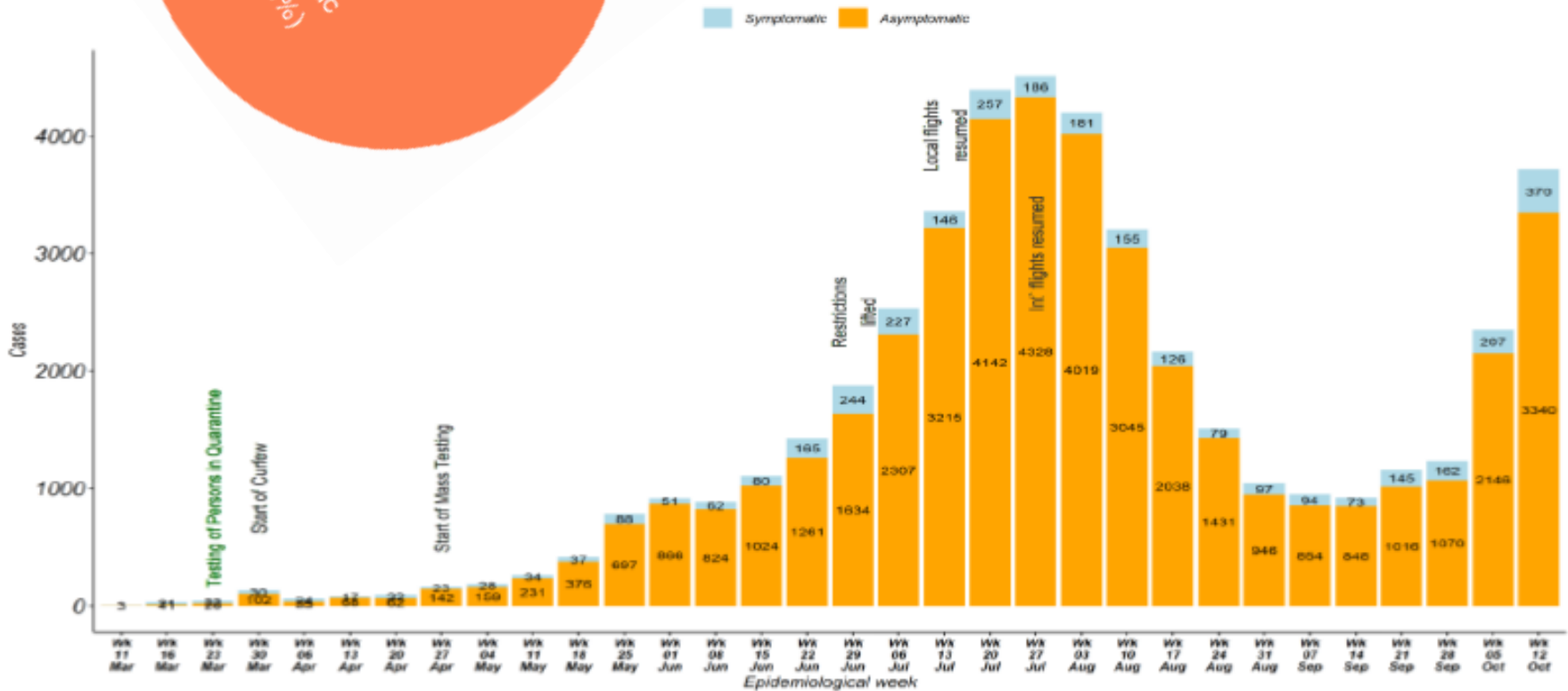
DAILY SITUATION REPORT - 217

Special appreciation to a back office team, Emergency Operations Centre that has consistently produced the situation report daily without fail for 217 days!

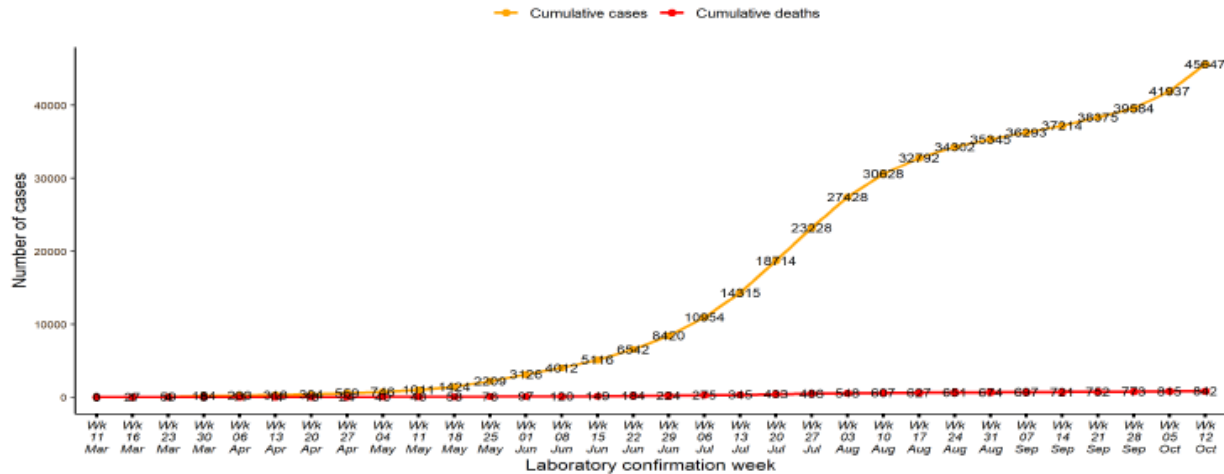
Kenya case progression



Cough – 52%
 Fever – 35%
 Difficulty in breathing – 26%

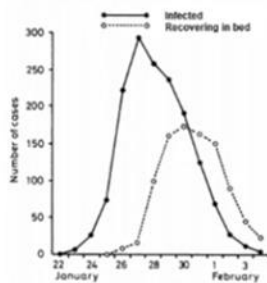


Where are we in the epi-curve?

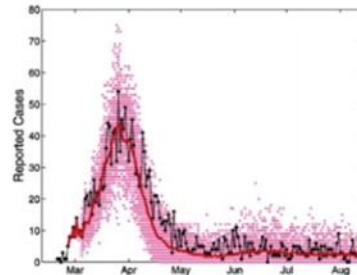


Outbreaks have a characteristic “shape”

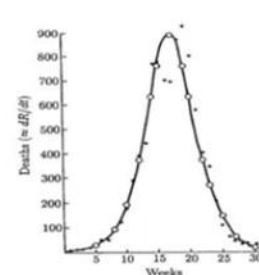
Flu in a school in 1978



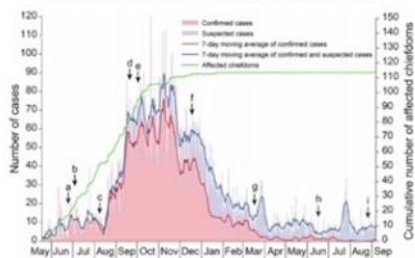
Foot and mouth in the UK 2001



Plague in Mumbai in 1906



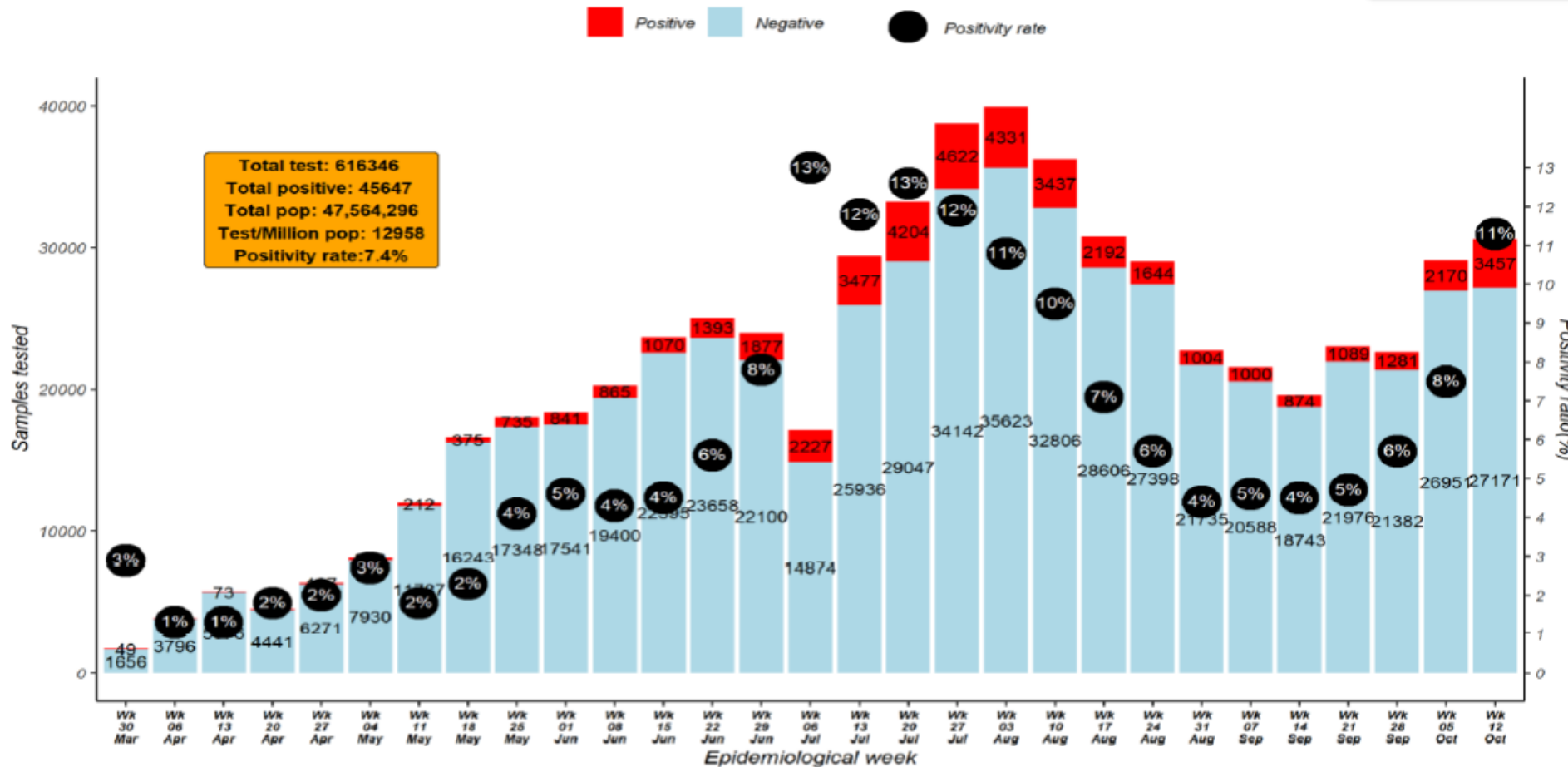
Ebola in West Africa in 2014-15



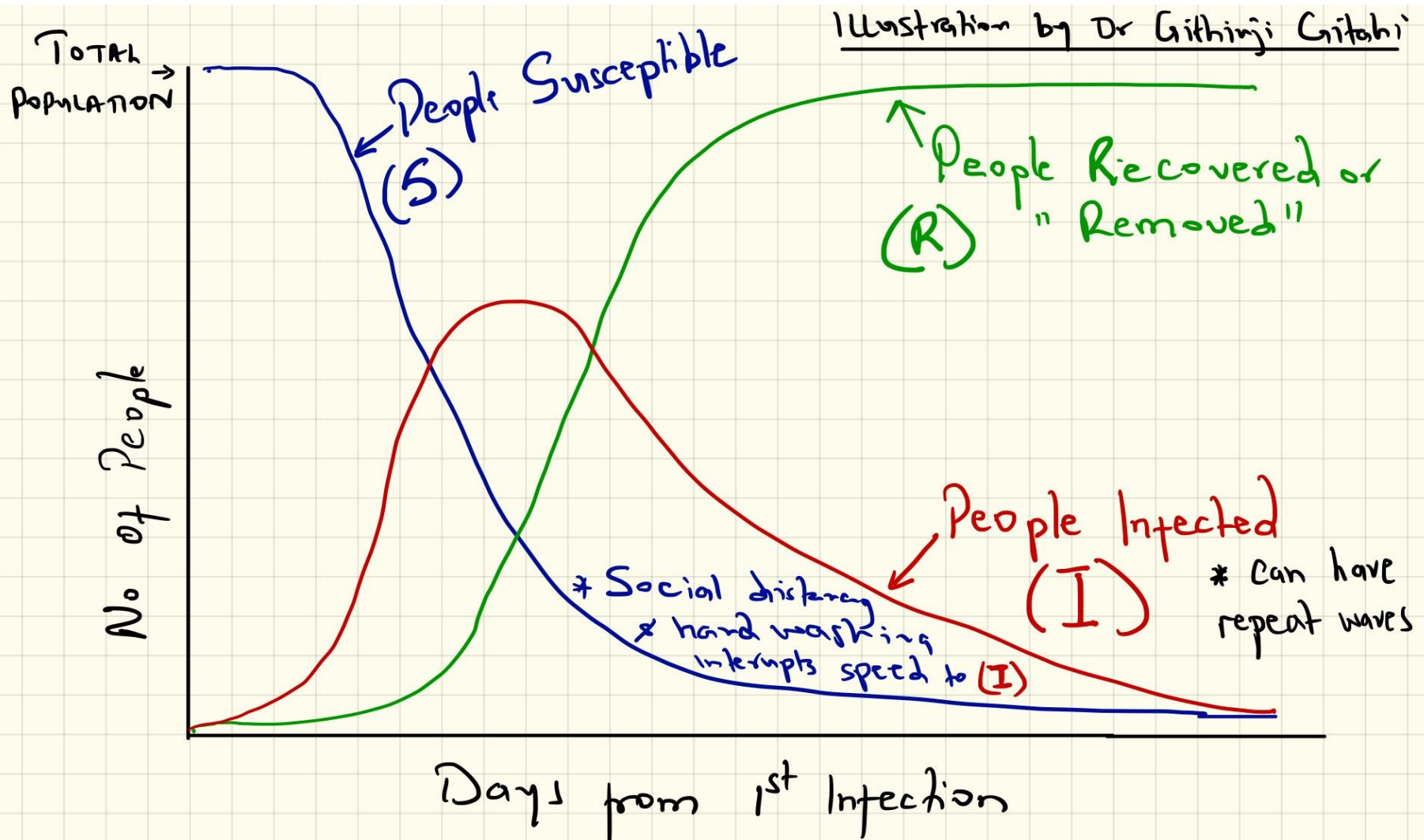
COVID-19 in China in 2020



The positivity rate is a good measure



What determines the shape of the curve?



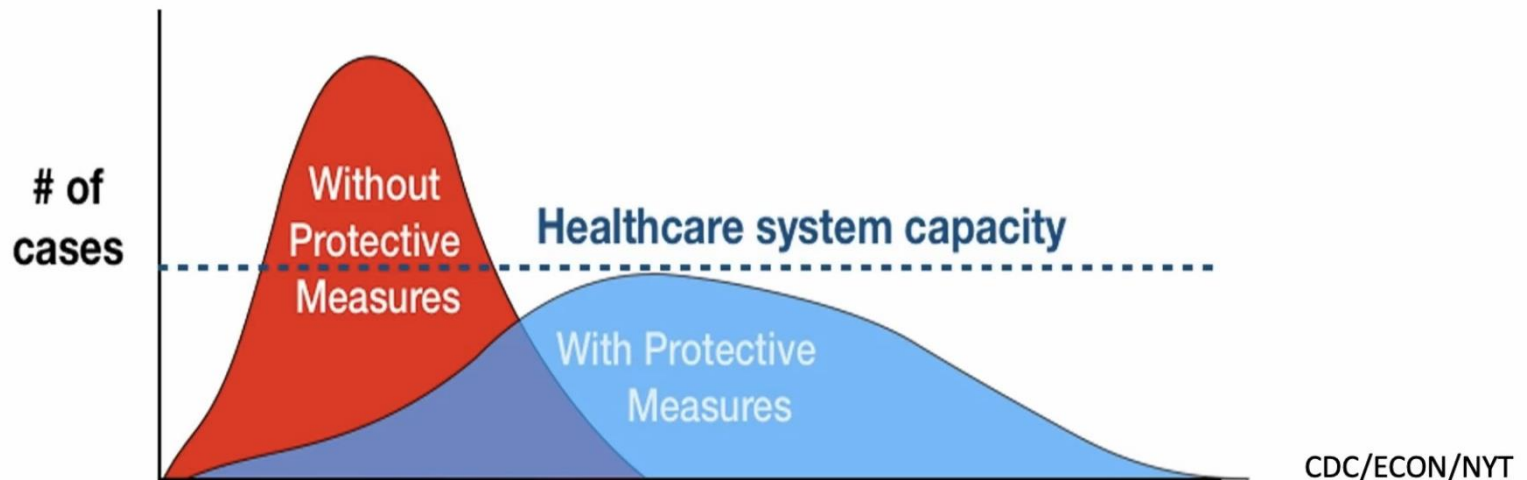
NB: At any one time $S + I + R = \text{TOTAL POPULATION}$

Cant stop the curve, flatten it

In the absence of a vaccine or effective drug we have to rely on social and public health measures. 'Flattening the curve'.

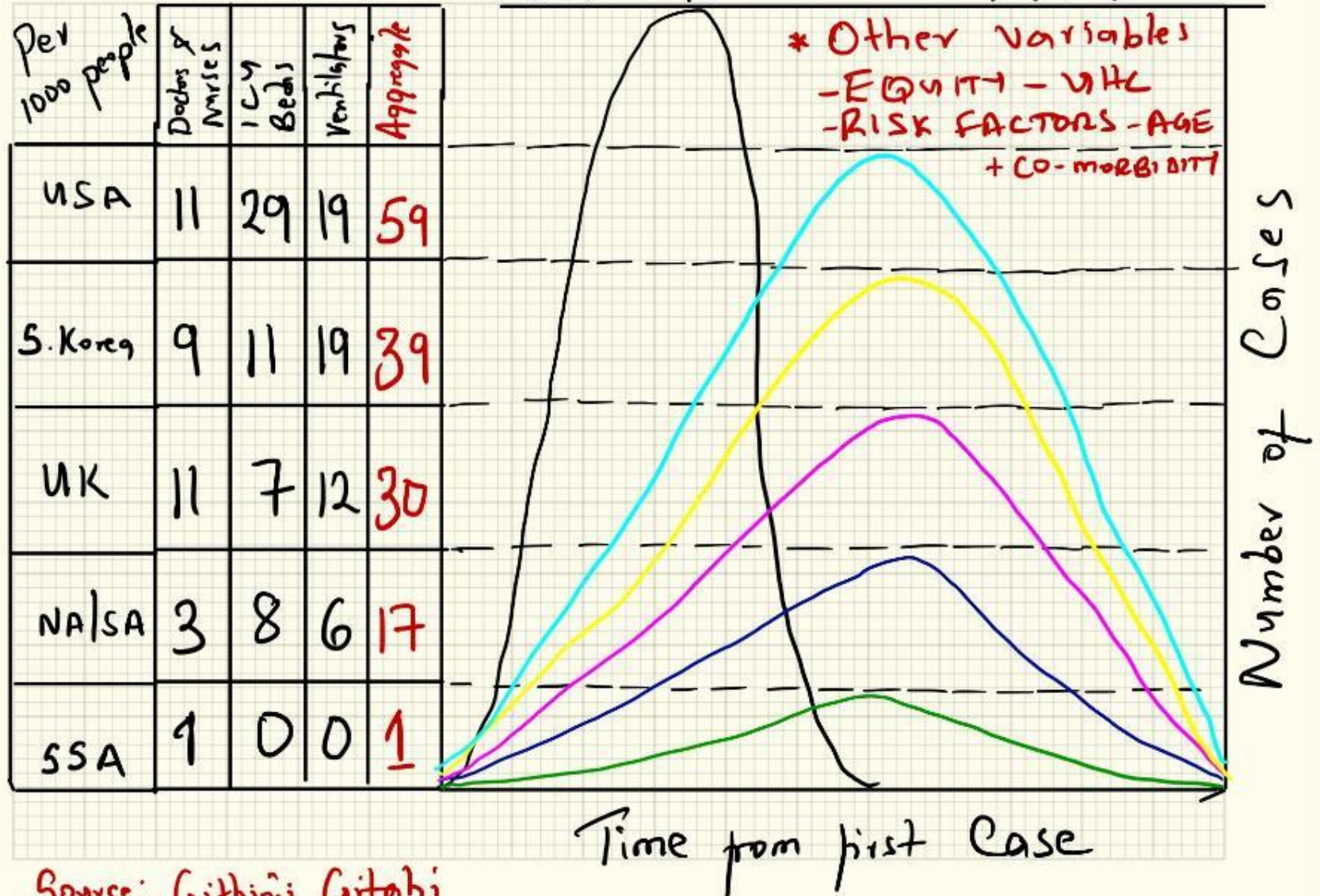
And raising the bar (expand capacity).

Keeps within healthcare capacity. Prevents overshoot of COVID-19 cases.



What's Kenya's 'flat curve'?

WHEN IS THE CURVE FLAT ENOUGH?

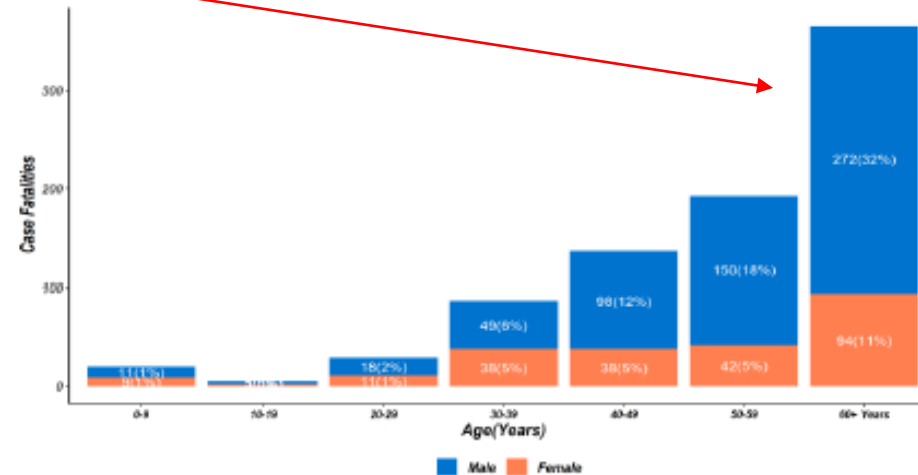


Source: Githinji Gitahi

1.9% Case Fatality Rate - Risk burden

73% of all infected are between 20-49yrs

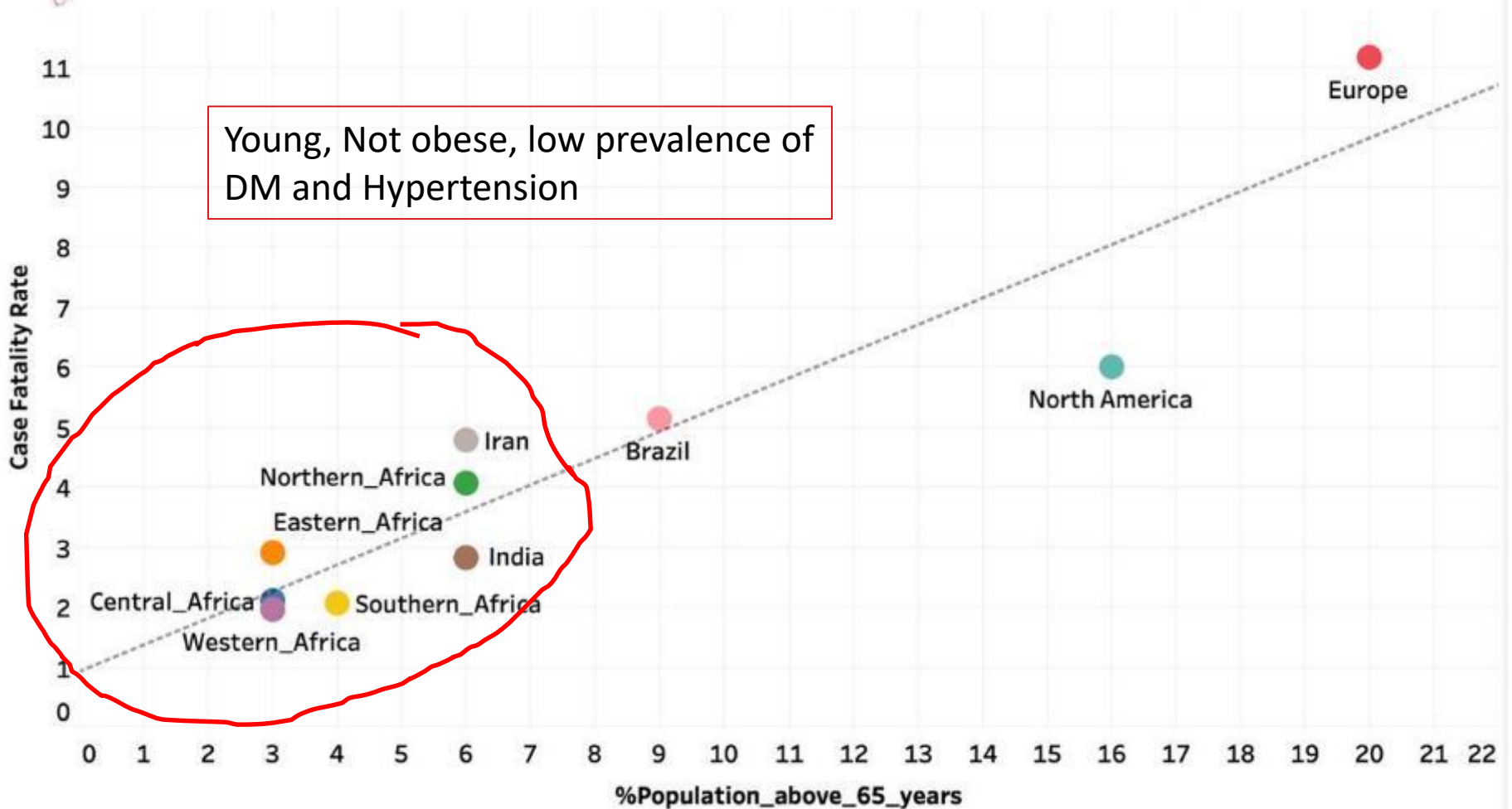
66% of all deaths are above 60yrs of age



Why a lower case fatality?



Case Fatality Rate of Covid-19 vs Percentage Population above 65 years

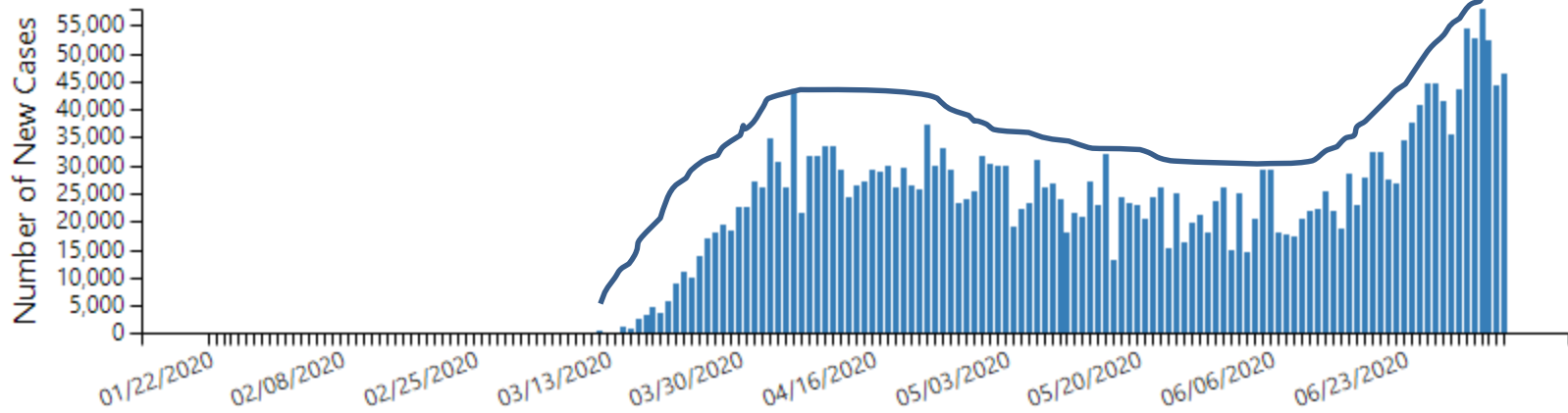


Options for us.....

Broadly four approaches, if you have no vaccines or drugs.

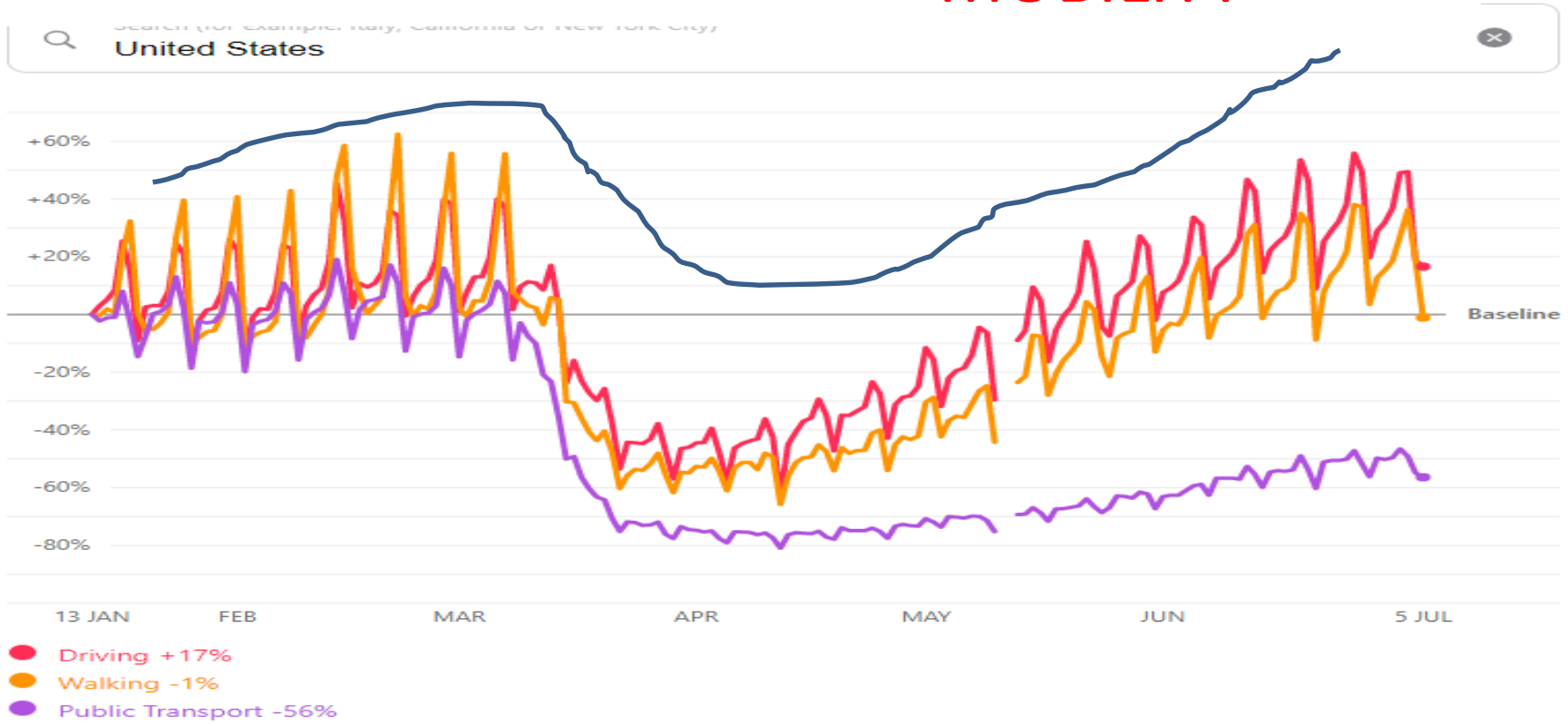
- Reduce chance of infection- handwashing, respiratory hygiene.
- Isolate cases, their households, ideally their contacts.
- Reduce links between households.
- Make it less likely that the most vulnerable are exposed.

Lockdowns?



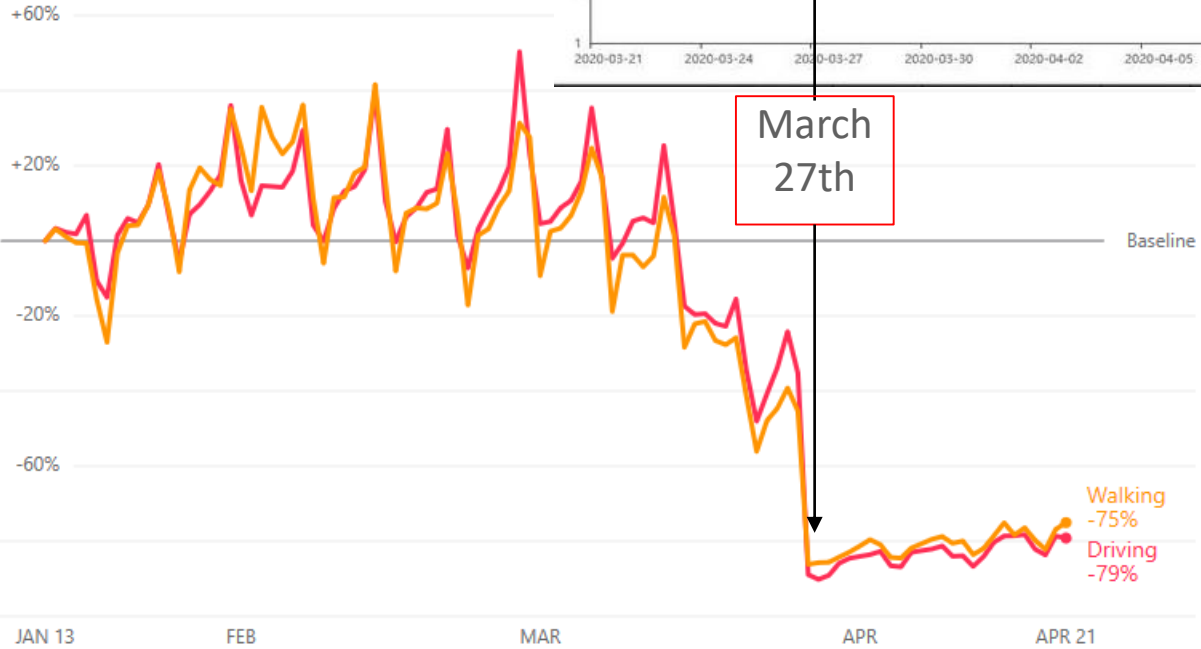
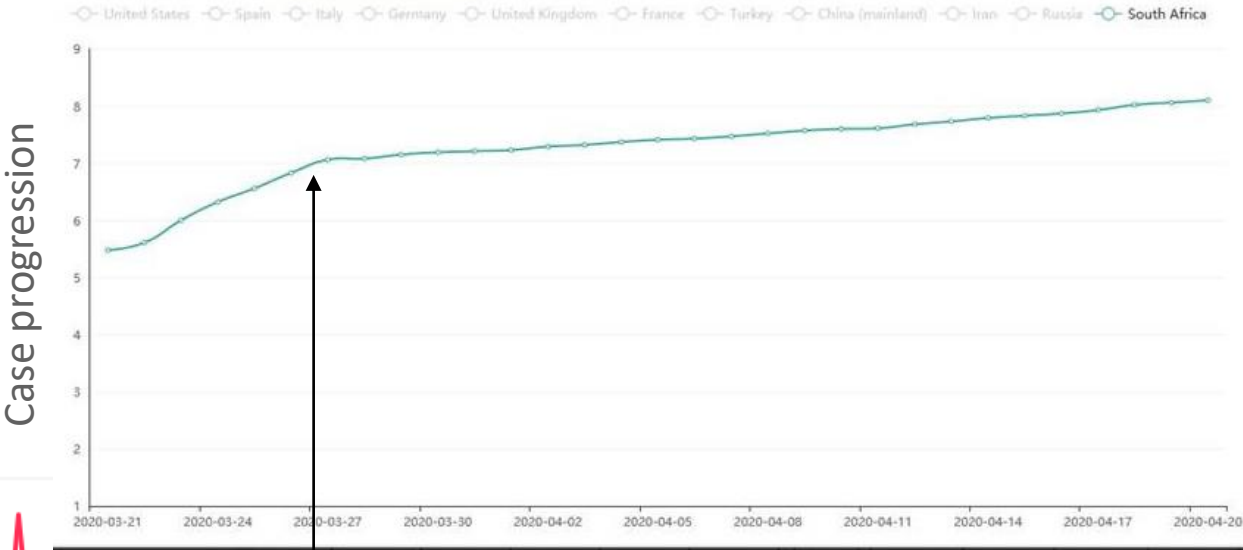
■ Cases

MOBILITY



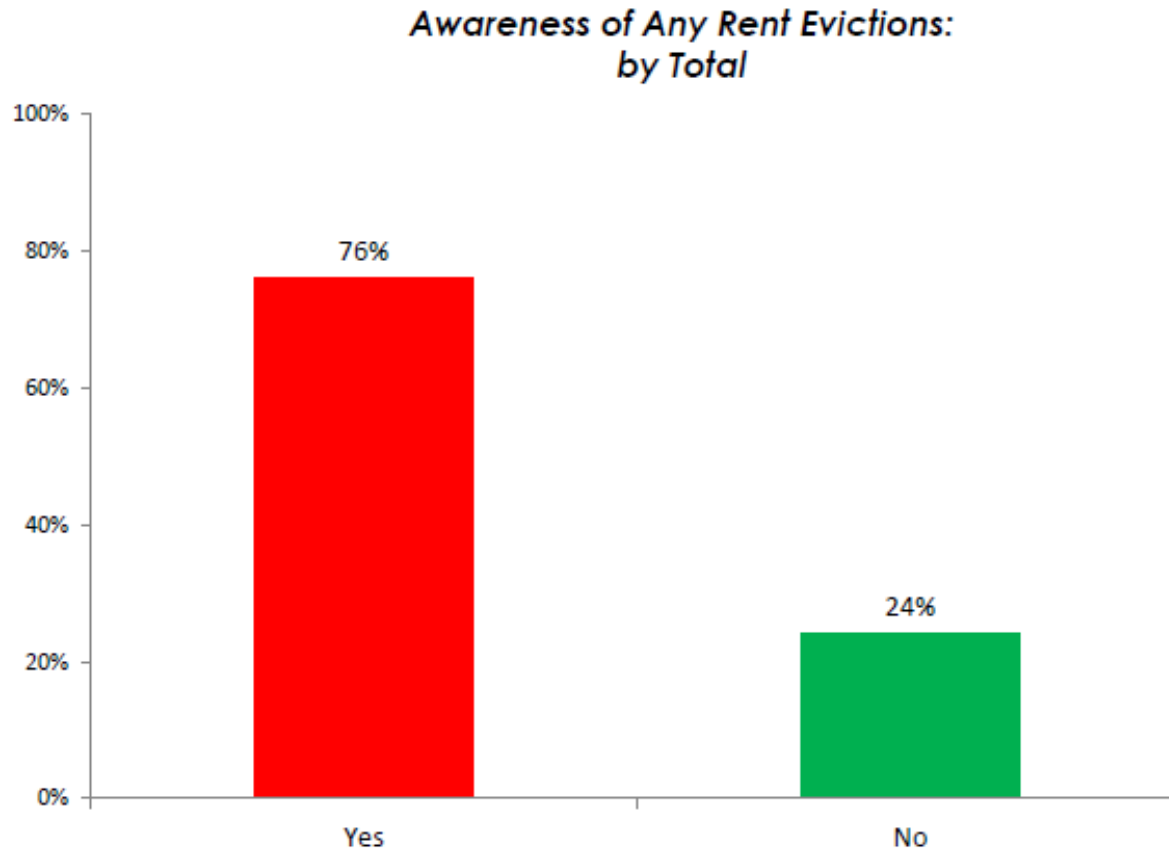
But is this the answer??

South Africa



Source: <https://www.apple.com/covid19/mobility>

Impact – Rent as a proxy



**TIFA Research October 2020*

Unacceptable trade off!

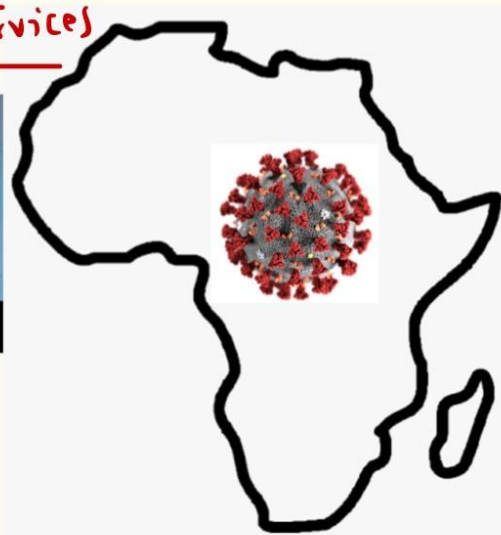
Teenage pregnancy ↑
 Unsafe abortions ↑
 Maternal mortality ↑
 Child mortality ↑
 Unintended negative impact on essential services
 NCDs ↑

Hunger ←
 Mental Health ↑
 Violence ↑
 Livelihoods →
 FGM
 ECM



Right now the hospitals are focused on coronavirus, if you go there they are so focused you don't get the treatment or the care that we used to get,

Shujaa3



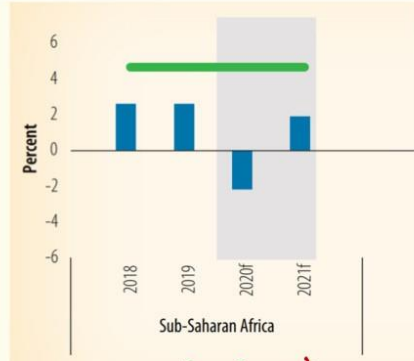
Barriers to stay-at-home orders high
Percentage that would face barriers to a 14-day stay-at-home order

	Northern region	Eastern region	Southern region	Western region	Central region
Running out of food, water	23%	73%	70%	83%	83%
Running out of money	26%	48%	51%	62%	61%
Losing your job	19%	16%	20%	16%	18%

Africa CDC

Dedine in GDP

- Poverty
 - ↓ Taxes
 - ↓ Health Exp.
 - ↑ Inequality
- 5.7%!!



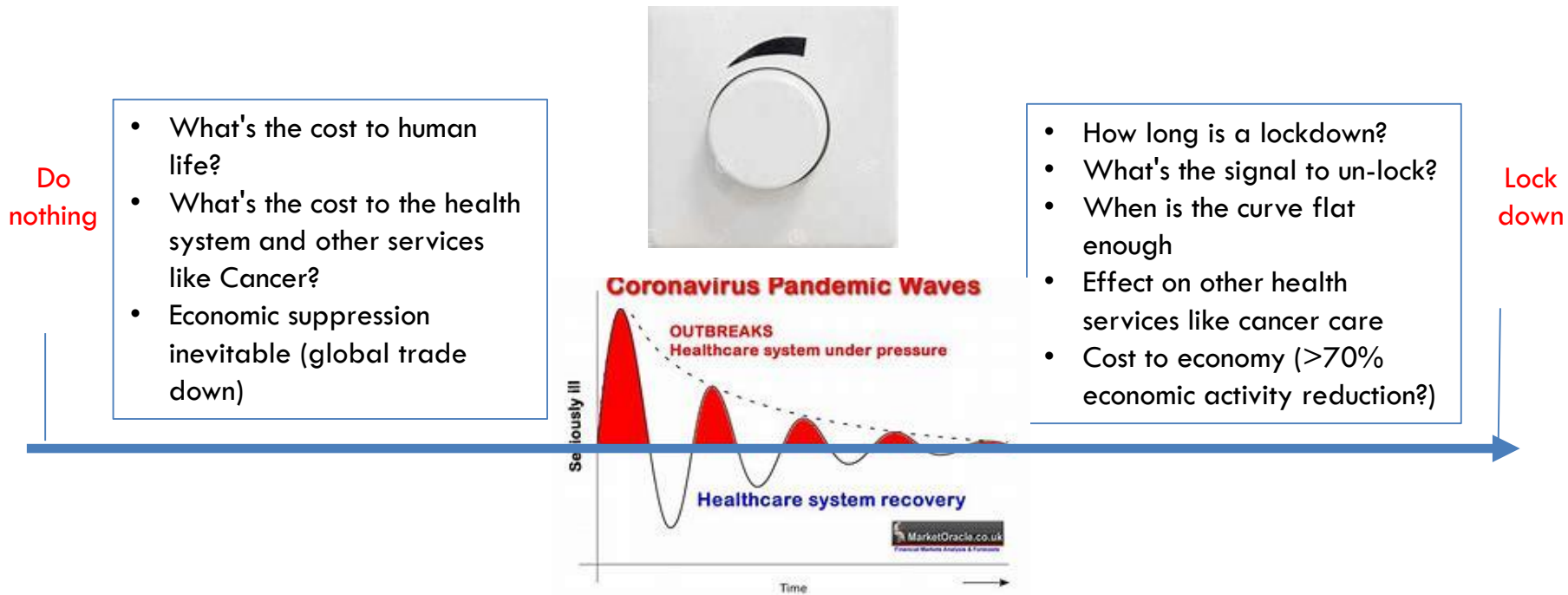
Brookings.edu

- Social unrest
- Political instability

Corruption Scandals

Githinji Githani
Daktari 1

No perfect response – it's a balance!



- Full activity
- Herd immunity (60% 70% ?)
- Risk health system collapse

- *Vaccine expected mid-2021*
- *Longer for Africa - Production and distribution timelines*
- *Preparedness – testing, data management, surveillance*
- *Protecting the vulnerable*
- *Social and economic support*

- Severe effect on economy and informal workers
- Reduce Force of transmission
- Reduce Health system pressure



Thank you

www.amref.org/coronavirus

@Amref_Worldwide



Contact information



COVID-19 specific:

info.COVID-19@amref.org

www.amref.org/coronavirus

General contact information:

Email: info@amref.org

Website: www.amref.org

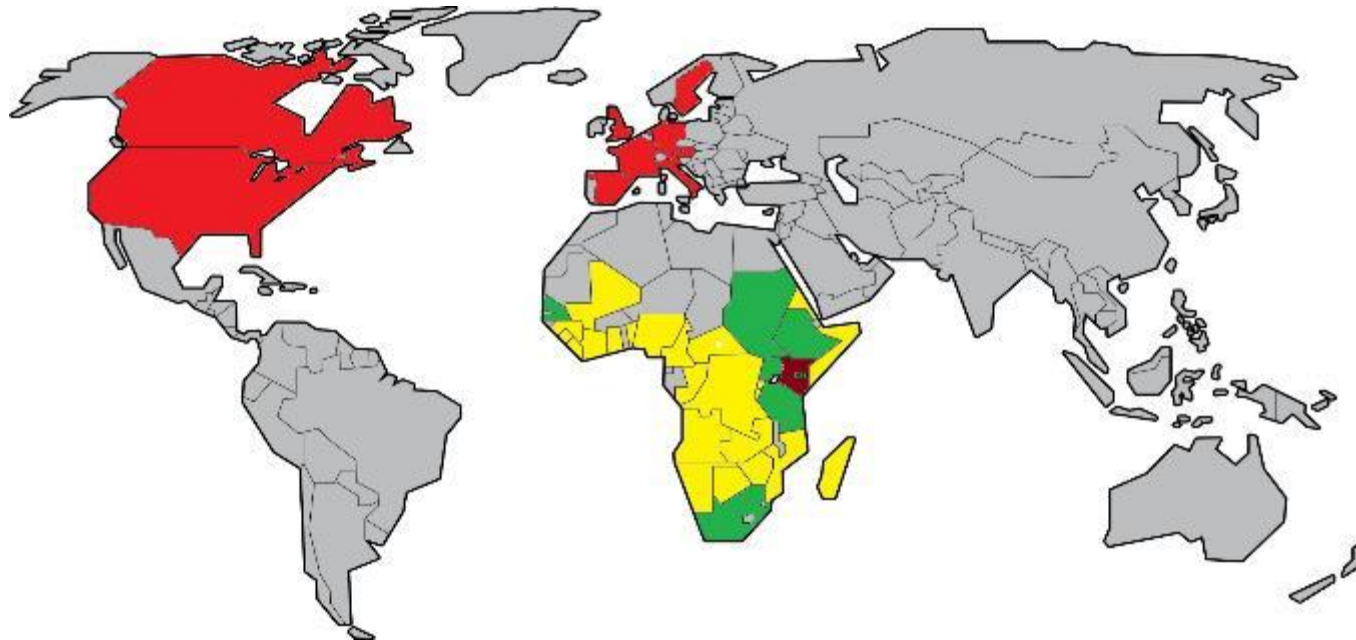
Twitter: @Amref_Worldwide





Facebook: [Amref Health Africa](#)

Important links

- Africa Centre for Disease Control and Prevention: <http://www.africacdc.org/covid-19-and-resources>
- Amref Information Centre: <https://amref.org/coronavirus/>
- Johns Hopkins University, Coronavirus Resource Center: <https://coronavirus.jhu.edu/map.html>
- OSHA COVID-19 Guidelines: <https://www.osha.gov/SLTC/covid-19/>
- WHO: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Amref Health Africa Global Operations



-  Programs and HQ in Kenya, Amref University, Amref Enterprise, Amref Flying Doctors
-  Countries with programs and Amref Health Africa Offices
-  Countries with programs ONLY
-  Countries with fundraising offices

Overview – Amref Health Africa



Leading health development international NGO in Africa



Headquartered in Africa since 1957



More than 12 million beneficiaries annually



Over 150 health projects in 35 countries of Africa



\$120m annual expenditure



1313 staff (90% in Africa)