



Kenya's Battle with COVID-19: The Highs and Lows

By Special Correspondent



On the 12th of March 2020, the Ministry of Health (MoH) announced that a deadly, silent enemy had shown up at Kenya's door. This would be the country's first COVID-19 case since the beginning of the outbreak in China in December 2019.

With little information about exactly what the country was going to be up against, Health Cabinet Secretary (CS) Mutahi Kagwe addressed the nation flanked by top government officials.

"The case is a Kenyan citizen who travelled back to Nairobi returning from the United States of America via London, United Kingdom on the 5th March 2020. She was confirmed positive by the National Influenza Centre Laboratory at the National Public Health Laboratories of the Ministry of Health. The patient is clinically stable, and is being managed at the Infectious Diseases Unit at the Kenyatta National Hospital. The lady is now stable and behaving quite normally," CS Kagwe confidently stated in his official address.

Explaining that COVID-19 had been declared a global pandemic, the government announced precautionary measures that included directives on hygiene and social distancing. Normal life was turned topsy-turvy as Kenya suspended all public gatherings, meetings, religious crusades, games events, etc. Normal church services could go on provided sanitizing and hand-washing facilities were

provided to the congregation. Schools remained open but inter-school events were suspended. Public transport providers were to avail hand sanitizers to their passengers. Prison visits were temporarily suspended. Kenyans were to desist from abusing social media platforms or indulging in spreading misinformation that could cause fear and panic. Travel outside the country was restricted.

Fifteen days before the first case of COVID-19 was reported in the country, on 28 February, President Uhuru Kenyatta had issued [Executive Order No. 2 of 2020](#) establishing the National Emergency Response Committee on Coronavirus (NERCC) to coordinate the country's response to the pandemic.

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A month later CS Kagwe gave a [briefing](#) on recoveries from COVID-19, saying, "In the last 24 hours, an additional eight COVID-19 patients have been discharged from hospital, bringing the total number of recoveries to 114," he said. "In this same period, however, we have confirmed 8 new cases of coronavirus in the country bringing to total 363. Four of these are from Mombasa and three from Nairobi, and one from Kwale," he said.

Kenya's new normal would now include daily COVID-19 briefings to update on the death toll, recoveries, positivity rates and precautionary measures.

The war room

Meanwhile, for a group of computer scientists at Qhala, a Nairobi-based tech company that had been developing a digital contact tracing tool to help the government to respond to the rising cases of cholera in the country, the coronavirus pandemic would come to be the defining moment.

With the arrival of COVID-19 in the country, Dr Shikoh Gitau (a University of Cape Town Computer Science graduate who was born and bred in Mathare Slums) and her team turned their research and development to the pandemic. Their research culminated in the opening of the Centre for Epidemiological Modelling and Analysis (CEMA), a national data centre to support the control, elimination, and eradication of infectious diseases in Eastern and Central Africa.

Dr Gitau believes in the democratization of access to data and explains that, "If data is just in the hands of a few people, they can use it to tell us what they want or feel like. But if everyone is looking at the same data set, we will have more enriching interpretations of that particular set. The way a data scientist will look at the set is not the same way a journalist, economist or epidemiologist will look at the same set and this is why even in our own team we countercheck our biases by ensuring that many sets of eyes look at the same data."

The NERCC is using the tool developed by Dr Gitau and her team as the basis of the COVID-19 briefs Kenya receives on a daily basis.

The country also embarked on the hunt for a vaccine. "Kenya has joined the global efforts in search of an effective vaccine for COVID-19 with the start of a trial evaluating the ChAdOx1 nCoV-2019 Oxford coronavirus vaccine," Oxford University announced in an [official statement](#). Specifically, the country had joined the United Kingdom, South Africa and Brazil in running trials to evaluate the ChAdOx1 nCoV-19 vaccine.

The trials were run by the Kenya Medical Research Institute (KEMRI) at the Kilifi-based KEMRI-Wellcome Trust Research Programme under which, following approvals from regulators, Kenyans volunteered for AstraZeneca vaccine trials.

“We’re excited to see our colleagues in Kenya today joining those around the world in helping us to evaluate the ChAdOx1 nCov-2019 Oxford coronavirus vaccine, as it is important to evaluate the vaccine in as many different populations as possible,” said Professor Andy Pollard, the Director of the Oxford Vaccine Group and Chief Investigator of the Oxford Vaccine Trial.

The trials involved 40 frontline workers in Kilifi County, with a further 360 volunteers recruited once the safety of the vaccine was confirmed. The volunteers were monitored over a period of 12 months after immunization to assess their health, the vaccine side effects and how their bodies were developing immunity in response to the vaccine.

However, once the vaccines came into production, Kenya was sidelined and reduced to a “beggar”; the country is now depending on donations from the same UK government with which it had partnered to run the trials.

To steer Kenya through the global vaccine supply and administration mess, President Kenyatta appointed his advisor on malaria, Dr Willis Akhwale, to lead the COVID-19 Vaccine Taskforce and make recommendations to the government. “As you know we actually sit every Wednesday; the CS and President Kenyatta have taken personal interest on this matter,” Dr Akhwale explained in an interview.

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The taskforce developed the country’s vaccine roadmap regarding vaccine hesitancy, county engagements, vaccine depots, cold chain storage and logistics, digital vaccine and immunisation records as well donor interests, among other issues surrounding Kenya’s COVID-19 vaccine preparedness.

A COVID-19 vaccine deployment plan was released in December 2020. The deployment plan was put in place after Kenya ordered 13 million Johnson & Johnson (J&J) vaccines through the African Union (AU). However, due to manufacturing constraints, only about one million doses have been delivered

Data from Africa Centres for Disease Control and Prevention (Africa CDC) shows that there is a huge interest in vaccines among Africans. “Vaccine hesitancy in Africa is not an issue. There’s 75 per cent acceptance in Africa, apart from Burkina Faso, compared with the US where acceptance is 60 per cent,” Africa CDC Director, Dr John Nkengasong has [said](#).

In total, AU member states, of which Kenya is a part, have ordered 56.9 million Johnson & Johnson (J&J) doses over and above the 220 million doses they had planned for under the advance purchase agreement (APA) with J&J.

The total number of vaccines committed to AU member states by manufacturers is 205.4 million doses, worth about US\$130 million. CS Kagwe has [confirmed](#) that Kenya will begin to manufacture COVID-19 vaccines by April 2022 to mitigate against supply hitches that are frustrating efforts to vaccinate the entire adult population.

“As of December 13th 2021, a total of 8,223,238 vaccines had so far been administered across the

country out of the 23,279,820 doses Kenya has received. Of these, 4,947,002 were partially vaccinated while those fully vaccinated were 3,276,236. The uptake of the second dose among those who received their first dose was at 57.2%. Proportion of adults fully vaccinated was 12.0%. The Government is working towards vaccinating a targeted population of 27,246,033” the MoH [announced](#).

Kenya has faced a myriad of challenges as it navigates the pandemic, including a major corruption scandal at the Kenya Medical Supplies Authority (KEMSA).

In September 2020, investigators recommended the prosecution of at least 15 top government officials and business people over the alleged misuse of millions of dollars meant for the purchase of COVID-19 medical supplies but to date nothing has been done, with a number of the suspects employed by KEMSA still on half pay.

Earlier investigations found misuse of US\$7.8 million meant for the purchase of emergency personal protective equipment (PPE) for healthcare workers and hospitals across the country. Health workers in many of the counties continue to complain about the shortage of PPE and poor or delayed pay.

With the emergence of the Omicron variant, there is a shortage of testing kits across the country. The mechanism for testing at points of entry and for those in quarantine is flawed. The cost of COVID-19 treatment and the lack of availability of medical oxygen and drugs is also a major issue, with insurance companies jumping ship on coronavirus.

The country still has other major gaps that need to be addressed. These include public access to COVID-19 information, especially concerning vaccines, as low vaccine uptake is a major problem.

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According to Dr Richard Mihigo, the Immunization and Vaccines Development Programme Coordinator at WHO Africa Region, compared to other African countries like Morocco, Seychelles, Mauritius, Tunisia, Cape Verde and Botswana that have reached the global target of vaccinating 40 per cent of their population, Kenya has not attained its target of fully inoculating 10 million people by the end of December 2021 and has so far only managed to administer COVID-19 vaccines to 3.3 million people.

Medical facilities are overwhelmed and there is a lack of medical equipment and mismanagement in most public hospitals. Vaccine wastage by some of the people conducting the rollout is rife in the country. According to WHO, [vaccine wastage](#) is the sum of vaccines discarded, lost, damaged or destroyed. Since vaccines account for a significant portion of immunization programme costs, ensuring that wastage is minimized without jeopardizing vaccination coverage is key.

There is a lot of laxity in the delivery of health services to Kenyans who live in rural areas, especially in the country’s northern region. The communities in this region have difficulties accessing health facilities and many are not receiving the COVID-19 vaccine because of the hundreds of kilometres they have to travel to be vaccinated.

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