First Confirmed Case	Population	Confirmed Cases (as of September 29, 2020)	Recovered Cases (as of September 29, 2020)
March 12, 2020	47.6 Million	38,378	24,740

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A data-driven approach to timely response

By the time cases of COVID-19 were documented in East Africa, a comprehensive containment strategy in Kenya was already underway. By March, the Ministry of Health was already working in partnership with a range of government agencies, partners and a National Emergency Response Committee was established by executive order. Officials knew that fighting the COVID-19 pandemic would require a multi-pronged approach. In addition to the epidemiological factors involved to curb the spread and ensure that infected individuals receive the timely and high-quality care they need, Kenya also recognized the need to address the social, behavioral and economic elements of prevention and protection.

One of the major priorities in Kenya's response has been the efficient processing of incoming data to ensure timeliness, completeness and accuracy. These data — which are made publicly available through daily national press briefings and on the Ministry of Health website — are collected and synthesized at both the national and county level. Though there is room to improve the flow of information, including increasing the response rate from private sector facilities and achieving even more granularity to compute trends at the sub-national level, this approach has allowed the Kenyan government to stay abreast of the rapidly evolving situation, monitoring human resource, test kits, drugs, and personal protection equipment levels in order to more effectively direct resources to where they are needed.

Combating the 'info-demic'

One of the major challenges that all countries faced in responding to COVID-19 was sharing timely and accurate information, especially as misconception and myths began to spread about the origins of the virus, the modes of transmission, and the preventative measures. In Kenya, the proliferation of misinformation was termed an "info-demic," — the effects of which could be nearly as dangerous as the spread of the virus itself. When the first case in the country was documented on March 12, news stations and digital media outlets had already begun to broadcast messages to the public about how individuals could remain safe. Soon after, radio stations and digital platforms amplified key messages about precautions individuals should take. To harmonize and streamline health messaging across media outlets, broadcast messages were developed by the MoH. These messages were reinforced by sensitization forums, chiefs' baraza, local administration and community sensitization to amplify the message and create awareness. And yet, changing social norms — and helping individuals guard against the fatigue associated with prevention activities — can be challenging.

Ensuring patients receive the care they need

In the early weeks of the pandemic, primary health care utilization rates saw a sharp decline, due in part to restricted mobility imposed by local officials (such as curfews) as well as feelings of fear among patients that visiting a health clinic would increase their risk of contracting COVID-19. Health officials realized that, in addition to spreading accurate information about COVID-19, it was necessary to assure individuals that visiting a health facility to seek care for other needs was not dangerous. The Ministry of Health estimated that as many as 1.2 million health visits for prenatal and antenatal care, antiretroviral therapy for HIV patients, malaria treatment, routine vaccinations, and under-five visits were foregone during the early months of the pandemic. To respond to this fear, counties annexed facilities specifically for COVID-19 patients, and the national government gave guidance to each county to reserve 300 hospital beds for COVID-19 related patients. Non-COVID related care was redirected to other facilities. Additionally, guidelines were issued on continuity of essential care services during COVID-19.

Health workers were a key resource used to combat the spread of misinformation and re-establish patient trust in health facilities. As clinics and providers have adapted their means of service delivery, several important innovations have helped strengthen patient trust in clinics, reduce the chances of excess exposure, and ensure that care can be both comprehensive and continuous. A home-based care model — where designated community health workers support patients in their homes, rather than in a clinic — allows patients with mild symptoms to isolate in their homes, rather than seek care in a hospital or clinic. This approach drastically reduces the transmission of the coronavirus and helps mitigate costs associated with out-of-home isolation. The program focuses on empowering individuals — and those in their household — with basic knowledge, skills and competencies in self-isolating to watch for symptoms and in caring for someone with COVID-19. In the event that symptoms escalate, households are provided with an emergency number to call to notify the designated health worker and transfer the symptomatic individual to a higher level of care.

Leveraging tech solutions

Nairobi — Kenya's Silicon Savannah — has been home to a range of innovative tech solutions to help individuals stay safe and informed while curbing the spread of the virus. The Jitenge system — named for the Swahili word for self-isolate — was developed to support government efforts to control the spread. The system allows patients to either self-register or be registered by a health official at the initiation of quarantine, either in-home isolation, in a quarantine facility, or at a point of entry. Users then receive daily reminders and prompts to report on their health status, such as their symptoms and other relevant information. Thus far, the system has been used effectively to manage home-based care, self-quarantine, post-isolation follow-up, and to monitor the health of long-distance truck drivers.

As Kenya reflects on what the COVID-19 pandemic has demonstrated thus far, the key takeaway is clear: advancing universal health coverage (UHC) is the best means of pandemic prevention to ensure a better response now and in the future. Accordingly, nearly all of the efforts to address COVID-19 in the country have sought to use a systems approach, rather than short-term fixes, with the hope that the Kenyan health system will emerge from this response more resilient than before. Harnessing a strong community response — combined with clear guidance from the national level — has been one of the most effective strategies for helping Kenya achieve this. The impact of COVID-19 on each county has varied greatly and, accordingly, the response required has varied as well.