



**2023**

**ANNUAL  
REPORT**

WHO Kenya Country Office



# We champion health and a better future for all.



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The annual report represents the work carried out by WHO, Kenya Country Office in 2023 to promote health, keep the world safe and serve the vulnerable. It highlights this years achievements, as well as challenges faced by the organisation and its partners in supporting the national government in its mandate to serve and build a healthy nation.

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# Acronyms

<b>AFRO</b>	Regional Office for Africa
<b>ART</b>	Anti-Retroviral Treatment
<b>CERF</b>	Central Emergency Response Fund
<b>CHVs</b>	Community Health Volunteers
<b>COG</b>	Council of Governors
<b>COVID-19</b>	Coronavirus Disease 2019
<b>CRS</b>	Civil Registration Services
<b>DST</b>	Drug Susceptibility Testing
<b>EPI</b>	Expanded Programme on Immunization
<b>ES</b>	Environmental Surveillance
<b>FAO</b>	Food and Agriculture Organization
<b>FCTC</b>	Framework Convention on Tobacco Control
<b>HCW</b>	Health Care Workers
<b>HTS</b>	HIV Testing Strategy
<b>IDSR</b>	Integrated Disease Surveillance and Response
<b>IHR</b>	International Health Regulations

<b>IPC</b>	Infection Prevention and Control
<b>IT</b>	Information Technology
<b>KHSSP</b>	Kenya Health Sector Strategic Plan
<b>LF</b>	Lymphatic Filariasis
<b>MDA</b>	Mass Drug Administration
<b>MDR</b>	Multi-drug Resistant
<b>MoH</b>	Ministry of Health
<b>MVIP</b>	Malarig Vaccine Implementation Programme
<b>NAPHS</b>	National Action Plan For Health Security
<b>NCD</b>	Non Communicable Diseases
<b>NHA</b>	National Health Accounts
<b>NTDs</b>	Neglected Tropical Diseases
<b>NTP</b>	National TB Program
<b>PLHIV</b>	People Living with HIV
<b>Polio</b>	Poliomyelitis
<b>PPM</b>	Public-Private Mix

<b>PZQ</b>	Praziquantel
<b>RCCE</b>	Risk Communication and Community Engagement
<b>RCO</b>	Resident Coordinators Office
<b>RSSH</b>	Resilient and Sustainable Systems for Health
<b>SDGs</b>	Sustainable Development Goals
<b>TB</b>	Tuberculosis
<b>ToTs</b>	Trainer of Trainers
<b>UHC</b>	Universal Health Coverage
<b>UN</b>	United Nations
<b>UNDAF</b>	United Nations Development Assistance
<b>UNON</b>	United Nations Office at Nairobi
<b>VDPVS</b>	Vaccine-Derived Poliovirus
<b>VL</b>	Visceral Leishmaniasis
<b>WFP</b>	World Food Programme
<b>WCO</b>	WHO Country Office
<b>WHO</b>	World Health Organization



On 4 August 2023, Felister administers the oral cholera vaccine (OCV) to a young mother at a church in Mashuuru, Kajiado. The campaign reached almost 1.7 million people in 8 sub-counties.

© WHO / Billy Miaron





**Dr. Abdourahmane Diallo**  
WHO Representative to the  
Republic of Kenya

## Forward

As we present the WHO Kenya Country Office Annual Report for 2023, we reflect on our activities aimed at promoting health, enhancing global safety, and supporting vulnerable populations in Kenya. This report outlines our achievements and challenges in collaboration with national partners and the government, focusing on our shared goal of improving public health across the nation.

Key initiatives this year included reaching 2 million individuals in high-risk sub-counties with the Cholera Campaign, extending the Malaria Vaccine program to protect an additional 11,000 children monthly, and administering the novel oral polio vaccine to 3 million children in 10 high-risk counties. The development of a National Strategic Plan for TB Control and the National Cancer Control Strategy for 2023-2027 were also significant milestones.

Further, the enactment of four health bills and the transition of the National Hospital Insurance Fund to a social health insurance system, which is expected to cover at least 80% of the population, are pivotal in our ongoing health system strengthening efforts. The recognition of primary health care as the foundation for achieving Universal Health Coverage and the establishment of primary health care networks will improve the accessibility and quality of services at the community level.

Additionally, our efforts also extended to addressing public health challenges exacerbated by environmental factors such as drought and flooding. Initiatives like the Tobacco-Free Farms project, which expanded into three more counties, illustrate our approach to improving health outcomes through a healthier population approach.

The Annual Report aims to provide a comprehensive overview of the WHO's activities in Kenya throughout 2023. It serves as a record of our progress and a reminder of the ongoing challenges that require collective action and resilience.

Dr. Abdourahmane Diallo



Students at Guadalupe Oltepesi Primary School show marks on their fingers that indicate that they have been vaccinated during the oral cholera vaccination (OCV) campaign in Kajiado on 4 August 2023.





# About Kenya

## Background

Kenya is an East African country that spans an area of 582,550 km<sup>2</sup> and features diverse ecological zones, including savannah, lakelands, the Great Rift Valley, and mountain highlands. It shares borders with Tanzania to the south, Uganda to the west, South Sudan to the northwest, Ethiopia to the north, and Somalia to the northeast. The great East African Rift Valley extends from Lake Victoria to Lake Turkana and further southeast to the Indian Ocean.

Kenya possesses the largest economy in East and Central Africa, with a GDP of US \$2,081. Its population was approximately 53 million in 2021, with a relatively young median age of 19 years.



**47** Counties **314** Sub-Counties

Area  
**582,550** Km<sup>2</sup>



Population  
**53** Million



Life Expectancy  
**63** years old



Median Age  
**19** years old



GDP  
**2,081**  
\$USD



### Health Outlook

The Republic of Kenya, faces significant health challenges alongside notable progress in certain health indicators. The population includes approximately 14 million households, with an average household size of 4 individuals. The life expectancy at birth has increased to 67 years from 65 years in 2015, and healthy life expectancy has also seen an improvement from 56 years in 2015 to 58 years in 2019.

Despite these advancements, **Universal Health Coverage (UHC) Service Coverage Index remains at 56%**, with projections indicating an increase to 67.1% by 2030, signalling the need for intensified efforts to meet the UHC objectives. Health insurance coverage has seen an increase, rising from 17.1% in 2013 to 26% in 2022, reflecting gradual improvements in healthcare accessibility. Although an estimated 5.2% of the population still face financial hardship due to spending more than 10% of their household budget on out-of-pocket-spending for health.

Fertility rates have declined from 4.9 to 3.4 children per woman over the last two decades, attributed to the increased use of modern family planning methods, which rose to 57% in 2022 among married women aged 15-49.

The healthcare workforce in Kenya comprised approximately **189,932 active health workers** across various occupations in 2021, achieving a density of 30.14 doctors, nurses, midwives, and clinical officers per 10,000 population. This figure represents about 68% of the Sustainable Development Goal (SDG) index threshold necessary for substantial progress on SDG 3 targets.

The Kenyan government's commitment to enhancing health outcomes is articulated through the Kenya Health Policy 2014 - 2030 and Vision 2030, emphasizing equitable, affordable, and quality health services. This is further supported by initiatives focused on primary healthcare under the Bottom-up Economic Transformation Agenda, aiming for the achievement of Universal Health Coverage (UHC).

Morbidity and mortality rates, particularly among women and children, continue to pose challenges, with upper respiratory tract infections, diarrhea, skin diseases, malaria, and pneumonia being the leading causes of morbidity.

**Immunization coverage has achieved significant milestones, with over 90% coverage for DTP1 and DTP3 vaccines** and the elimination of maternal and neonatal tetanus. However, challenges remain, including achieving a 90% coverage target for each antigen.

The density of health facilities stands at 3.2 per 10,000 population, exceeding the WHO standard, yet disparities in resource allocation and infrastructure readiness persist.

In conclusion, while Kenya has made strides in improving health outcomes, significant challenges remain in achieving the 2030 Universal Health Coverage targets. The ongoing efforts of the Kenyan government, in collaboration with healthcare workers and development partners, are crucial in addressing these challenges and ensuring the health and well-being of the Kenyan population.





# 2023 Highlights



## CHOLERA

**2 million** population reached during Kenya's first Cholera Vaccination Campaign.



## MALARIA VACCINE

Malaria vaccine expanded to an additional 26 sub-counties where an additional **11,000 children** are targeted every month.



## POLIO

**3 million children** reached during the Polio vaccination campaign across 10 high-risk counties.



## TOBACCO FREE FARMS

Tobacco free farms expand to an addition **3 counties** where farmers are transitioning from growing tobacco to high-iron beans.



## NEGLECTED TROPICAL DISEASES

**6,059,254 Kenyans** reached during mass drug administration for Schistosomiasis and Soil Transmitted Helminthiasis.



## RISK COMMUNICATION EMERGENCIES

Strengthened **100 networks** of religious and traditional leaders/practitioners in cholera and other epidemics.



## LABORATORY

**69 laboratory officers** from 24 counties trained on lab testing for bacterial pathogens including cholera.



## NUTRITION

Provided **5000 cartons**, of ready-to-eat food to support 10,000 severely malnourished children.



## EMERGENCIES

Water, sanitation & hygiene supplies sent to 5 counties targeting **172,165 people**.



## Pillar 1

# UNIVERSAL HEALTH COVERAGE

- 1 Immunisation
- 2 Communicable Diseases
- 3 Non-Communicable Diseases
- 4 Reproductive, Maternal, Newborn, Child & Adolescent Health
- 5 Health System Development





# 1.1 Immunisation

## Key Highlights



**CHOLERA**  
2 million people reached during Kenya's first Oral Cholera Vaccination Campaign

**Image:**

On 3 August 2023, Meshack is vaccinated during the oral cholera vaccine (OCV) campaign launch to send a message to other young community members that the vaccine is safe.

His also used a spoken word performance and humour to educate the audience at the campaign launch event in Isinya, Kajiado, about the causes of cholera and how to prevent it.

© WHO / Billy Miaron



**POLIO**  
3 million children reached during Polio Vaccination Campaign.



**MALARIA**  
Malaria vaccine expanded to 26 more sub-counties where an additional 11,000 children are targeted every month.



**MALARIA**  
Over 1.8 million malaria vaccine doses have been administered since 2019.



**GUIDELINES**  
Kenya National Immunization Policy Guidelines 2023-2027 Launched in April.



**FUNDING APPLICATION**  
Gavi funding application of \$26 million was developed for health systems strengthening with immunization outcomes.



**COVID-19**  
COVID-19 vaccination was integrated into routine immunization and primary health care services.



## 1.1 Immunisation

# Cholera

Since October 2022, Kenya has been affected by a cholera outbreak initially triggered by the impact of a prolonged and severe drought. Infection is caused by the ingestion of contaminated food or water, with symptoms including acute watery diarrhoea, which can quickly lead to severe dehydration. Since the start, the country has recorded more than 12,498 cases and 206 deaths.

### 2023 Achievements



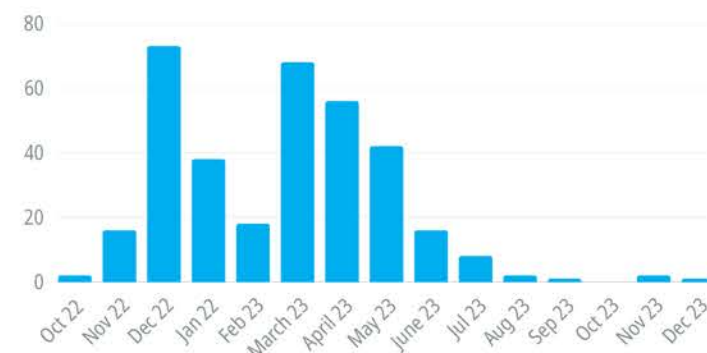
#### Oral Vaccination Campaign

WHO supported 2 oral cholera vaccination (OCV) campaigns using a one-dose strategy.

The 1st campaign was held in February 2023 in different parts of 4 counties (Nairobi, Gariisa, Wajir, Tana River) where 2,033,999 (administrative coverage 99.2%) persons above 1 year were vaccinated. This was Kenya's 1st OCV campaign.

The 2nd campaign was conducted in Aug 2023, in different parts of 8 counties (Homabay, Kajiado, Marsabit, Nairobi, Garissa, Mandera, Wajir, Machakos) where 1,675,046 persons aged above 1 year were vaccinated (administrative coverage 105.32%).

Cholera Cases



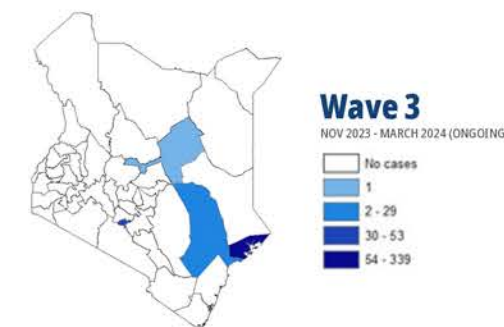
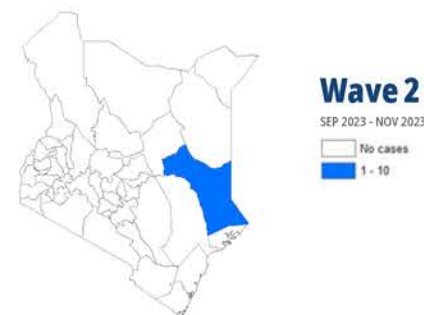
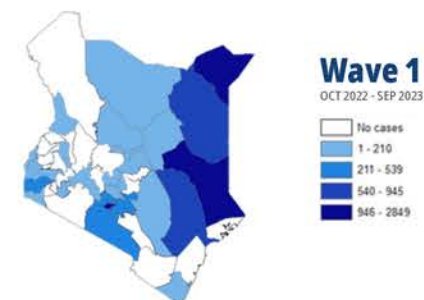
The campaign primarily targeted communities affected by drought who were highly susceptible to cholera due to lack of clean water and sanitation.

Vaccination teams went door-to-door to provide the vaccine at home as well as set up vaccination stations in schools, health centres, markets and other strategic public spaces. The campaign also included extensive community engagement and education to ensure high turnout and acceptance of the campaign.



#### Cholera Response Plan & After Action Review

WHO supported in development of national cholera response plan 2023 as well as conducting an After Action Review of the cholera outbreak.



**Note:**  
Increase in cases is tied to the El Niño rains.



On 2 August 2023, Jackton, a worker at the Cholera Treatment Unit (CTU) in Mama Lucy Kibaki Hospital, Nairobi, explains to Dr Mark Nanyingi of WHO how he mixes a measured amount of chlorine into water that he uses to clean the facility floors.

© WHO / Billy Miaron



## HIGHLIGHT

### First Oral Cholera Vaccination Campaign

On 5 August 2023, a vaccinator administers the oral cholera vaccine to a pregnant woman at a flower farm in Isinya, Kajiado.

The second round of the campaign was held from 3 - 12 August 2023, with more than 1800 vaccinators and 900 volunteers, reaching almost 1.7 million people.

Since the start of the Cholera outbreak, 28 out of 47 counties were affected, with a total of 12,545 cases and 207 deaths.

© WHO | Billy Miaron





## 1.1 Immunisation

# Malaria Vaccine

Kenya introduced the world's first Malaria Vaccine (RTS,S/AS01) in September 2019 to 26 sub-counties in 8 counties. These counties are located in Western Kenya close to Lake Victoria where there are high malaria transmission rates.

To date, more than 1.8 million doses of the vaccine have been administered to eligible children, where 650,000 children have received at least one dose of the malaria vaccine. The vaccination has a 4-dose schedule given to children at 6, 7, 9 and 24 months and is being integrated into the national immunization programme.

The vaccine, which complements, but does not replace other malaria interventions, has demonstrated to be an important additional tool to the existing malaria prevention and control strategies. [Other malaria strategies: Page 20].

While communities have been receptive to the malaria vaccine, challenges still persist such as low uptake of the fourth dose due to its long interval after the third dose, as well as mothers having a new infant by age two, making clinic visits with both children difficult.

### 2023 Achievements



#### Vaccine Expansion

In March 2023, the malaria vaccine expanded to an additional 26 sub-counties where an additional 11,000 children are targeted with the vaccine every month, and where the vaccine has been well accepted by the communities. The expansion followed the recommendation from WHO and the Kenya National Immunization Technical Advisory Group for wider use of the vaccine for children in sub-Saharan Africa and regions with moderate to high malaria transmission.



#### Second Vaccine Approved

In October 2023, a second vaccination was approved by WHO (R21/Matrix-M), which is expected to become available in Kenya by mid-2024. The key difference between the two vaccinations is the ability to manufacture it at scale and at a cheaper cost. This holds real potential to close the huge demand-and-supply gap across Africa.



#### Malaria Vaccine Data Review Meeting

In 2023, WHO Kenya supported Malaria vaccine data review meetings, joint supportive supervision, adverse event following immunization Investigator trainings, integrated outreaches and enhanced defaulter tracing across the 8 malaria vaccine counties.

Margaret and her 10-month-old daughter Stella stand outside Homa Bay County Hospital, where Stella was just vaccinated against malaria.

"If my child is sick, as a mother I will always be unhappy. So, to me I will be happy when Stella is healthy and active, and it will lessen my burden."

© WHO / Fanjan Combrink





## 1.1 Immunisation

### Polio

Polio is a highly infectious disease that largely affects children under five years of age, causing permanent paralysis (approximately 1 in 200 infections) or death (2-10% of those paralyzed).

On 11 July 2023, WHO received an official report regarding the detection of circulating vaccine-derived poliovirus type 2 (cVDPV2) in Kenya. The detection was reported from Hagadera refugee camp which is the second largest refugee camp in the world with over 100,000 refugees. WHO assesses the overall risk at the national level to be high due to the overcrowded living conditions in the refugee camp, high rate of malnutrition, poor water and sanitation facilities, and frequent population movements with Somalia.

Since the initial detection, 14 cases of Circulating Vaccine derived Polio virus type two (cVDPV2) were confirmed in Garissa County in 2023.

#### Round 2 Vaccination Coverage (0-59 Months)



**104% Coverage**

3,048,512 Target | 3,193,601 Vaccinated

#### 2023 Achievements



##### Oral Polio Vaccination Campaign

In 2023, the Government of Kenya, supported by the World Health Organization, UNICEF, the International Organization for Migration, and the United Nations High Commissioner for Refugees, embarked on a polio vaccination initiative.

This 2 round campaign administered the type 2 novel oral polio vaccine across 10 high-risk counties, and successfully reached 3 million children in order to help reduce the risk of polio transmission.

The first phase surpassing its target by vaccinating over 1.9 million children. The national vaccination coverage rate passed 104%. This success was attributed to the dedication of health workers who conducted extensive door-to-door visits, often under challenging conditions, to ensure widespread coverage.

The second phase targeted an additional seven high-risk counties with a goal to vaccinate over 2.3 million children under the age of five. Despite encountering adverse weather conditions, including heavy rains and floods which hindered access to certain regions, the vaccination teams demonstrated commendable resilience. They navigated through challenging terrains, ensuring that the campaign reached as many children as possible.



Polio healthworker marks child after vaccination at church facility in Kajiado Country during day 4 of the first vaccination campaign, August 2024.

© WHO, Jemimah Mwakisha 2023.



## HIGHLIGHT

### Polio Vaccination Campaign November 2023

Vaccination team captured climbing hills and muddy roads to reach every last child.

On day 3 of the third round of the Polio Vaccination campaign, over 1.9 million children (75% of target) had been vaccinated in Nairobi, Machakos, Kiambu, Kajiado, Kitui, Tana River and Lamu.

The campaign was launched after 14 cases of Circulating Vaccine derived Polio virus type two (c-VDPV2) were confirmed in Garissa County.





# 1.2 Communicable Diseases

## Key Highlights



**NEGLECTED TROPICAL DISEASES**  
**6,059,264 million** reached by Mass Drug Administration for Schistosomiasis, and Soil Transmitted Helminthiasis.

**Image:**  
 5-year old boy at school takes Praziquantel and Mebendazole during mass drug administration in Kenya's Easter Region.

The administration took place in 5 counties with support from 800 health workers and over 12,000 drug administrators.

© WHO



**MALARIA**  
 Kenya launching the 1st digitalized Long Lasting Insecticide Net distribution that aimed to distribute **15.2 million nets.**



**MALARIA**  
 Kenya Developed **National Strategic Plan for Malaria for 2023-2028** based on WHO global guidelines.



**MALARIA**  
 WHO supported creating Kenya's first malaria **surveillance guidelines.**



**TUBERCULOSIS**  
 Kenya developed a **National Strategic Plan for TB Control (2023 | 2024 - 2027 | 2028)** using WHO guidelines.



**NEGLECTED TROPICAL DISEASES**  
 Kenya launches **National Master Plan for the Elimination of Neglected Tropical Diseases 2023-2027.**



**HIV/AIDS**  
 Kenya launched **national action plan to End AIDS in children by 2027.**



## 1.2 Communicable Diseases

# Tuberculosis

### Summary

TB remains one of Kenya's top 10 causes of death, yet the Global TB Report 2023 shows commendable progress in tackling the disease, with an 87% treatment success rate for TB and 77% for MDR TB. The report also highlights a rise in HIV treatment uptake from 95% to 97% between 2015 and 2022, marking significant strides in the fight against TB.

Despite progress, Kenya faces challenges like inadequate WHO diagnostic tool coverage, financial constraints, and high TB treatment costs limiting care access. An effective response must combine solid policies, integrated services, and cross-sector partnerships to improve patient-centered care, research and expand tool access.

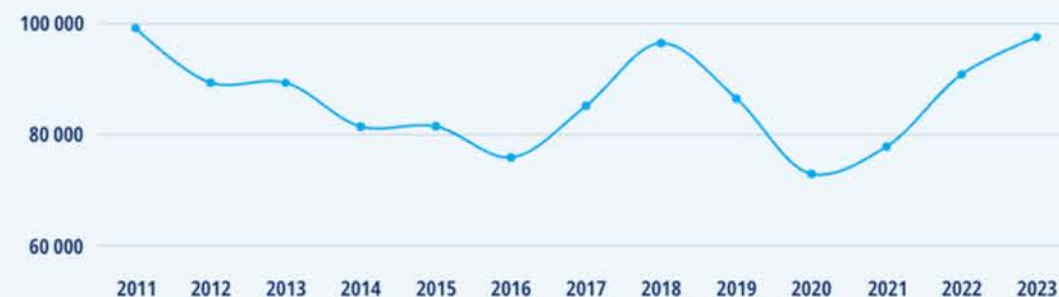


Kenya is among the top **30** high TB & TB/HIV burden countries.

### TB/HIV rates have reduced from:



### Increased uptake of detection methods have resulted in a rise in TB cases notified



**Note:** Improved rapid detection has been achieved through scale-up of WHO tools and active case findings at healthcare facilities.

Graph: Number of TB cases notified in Kenya.

## 2023 Achievements

- National Strategic Plan for TB Control**  
 Kenya developed a National Strategic Plan for TB Control (2023/24-2027/28), aligning with WHO's 2022 guidelines. WHO contributed technical expertise and financial assistance to draft, consult, and validate the plan.
- Grant Application**  
 WHO assisted Kenya in developing a 2023-2025 Global Fund Cycle 7 grant application, totalling \$392,989,068, aimed at TB, HIV, Malaria, and Health System Resilience, plus a \$16,214,639 COVID-19 RM Wave 2 application. WHO ensured the proposals were strategic and met global standards.
- MAF Framework Launch**  
 In March, Kenya, launched the Multisectoral Accountability Framework to combat TB by 2030. With support from WHO, this framework focuses on stakeholder collaboration, gap analysis, and strategic interventions for effective TB control.
- Data Dashboard link**  
 Kenya is 1 of 7 countries developing a WHO-supported TB data dashboard for real-time data management improving TB control reporting, decision-making, resource allocation and investment in public-private initiatives.
- Guidelines for TB Care in Children**  
 In 2023, WHO completed the development for new guidelines on pediatric TB diagnosis and 4-month treatment protocol for drug-susceptible TB. The aim is to reduce costs, improve treatment adherence, and decrease TB-related mortality in children, especially in resource-limited areas.



**Did you know?** Kenya reported a decline of -44% in TB mortality in 2020 compared to 2015.



## HIGHLIGHT

### Launch of TB Strategic Plan

The the TB Strategic Plan 2023-2028 was created in response to a significant surge in TB cases in Kenya. The plan aims to address the crisis by incorporating a community-centered Universal Health Coverage initiative which involves the deployment of Community Health Promoters for grassroots TB detection.

**Image:** WHO Kenya representative [Dr. Abdourahmane Diallo] speaks during the launch. During his remarks he stated Tuberculosis remains a persistent global health challenge and a leading cause of death with Kenya recording an estimated 128,000 people with TB, and 17,000 deaths in 2022.





## 1.2 Communicable Diseases

### Malaria

In 2022, Kenya reported approximately 3.42 million malaria cases and 11,788 deaths, with 70% of the population (over 37 million Kenyans) at high risk in malaria-endemic and epidemic regions. Malaria ranks as the second highest cause of hospital outpatient visits, comprising 11.7% of the national disease burden. Children under 5 years and pregnant women are the most vulnerable, with children making up 78% of malaria fatalities in Africa.

Encouragingly, malaria prevalence decreased to 5.6% in 2020 from 8% in 2015, a testament to enhanced control measures in endemic and coastal areas. Coverage of Long Lasting Insecticidal Nets reached 63% in lake and highland epidemic regions and 50% along the coast. Moreover, in 2022, 4 million confirmed malaria cases received treatment with Artemether-Lumefantrine, the primary anti-malarial medication. Moreover, the RTS,S malaria vaccine, introduced in 2019, has significantly reduced severe malaria cases and cut all-cause child mortality by 13%. (Read more on the malaria vaccine; page 00.)

**70%** of Kenyans are at high risk of malaria.



#### 2023 Achievements

**Mass Long Lasting Insecticidal Net (LLIN) Distribution**  
WHO joined the Ministry of Health, PMI, Global Fund and other partners in Homa Bay County in launching the 1st digitalized LLIN distribution that aimed to distribute 15.2 million nets in malaria endemic regions. WHO facilitated technical support as part of the Mass LLIN National Steering Committee and other pertinent subcommittees.

**Kenya's First Malaria Surveillance Guidelines**  
WHO supported creating Kenya's first malaria surveillance guidelines: (1) The Kenya Malaria Surveillance Guidelines, and (2) The Guidelines for Surveillance in Malaria Elimination Settings. WHO mobilized 3-level WHO technical support for development of these documents.

**National Malaria Strategy 2019-2023 Review**  
In 2023, WHO Kenya provided technical support for a comprehensive National Strategic Plan review. This review involved the 3-level WHO Technical to inform the development of the next strategy 2024/2028 and alignment with the WHO Global Technical Strategy for Malaria 2016–2030, that aims to reduce global malaria incidence and mortality by at least 90% by 2030.



**Kenya's malaria prevalence stands at 5.6%, down from 11% in 2010.**



## 1.2 Communicable Diseases

# HIV/AIDS

### Summary

Kenya has shown remarkable progress in combating HIV/AIDS. 98% of persons living with HIV (PLHIV) have been put on life-saving highly active anti-retroviral treatment (ARV). Over the past decade, new HIV infections have decreased by 78%, from 101,448 in 2013 to 22,154 in 2022, while AIDS-related deaths have dropped by 68% due to availability of better quality of care matching global recommendations and timely access to treatment.

HIV care and management requires continuity of the therapy, captured in the national Electronic Medical Records (EMR) system. The need of exchange and sharing of historical client medical information has been hampered over the years due to limitation in EMR systems. Kenya is one of the only two countries in Sub Saharan Africa to carry out PLHIV verification process (NUPI) for accurate patient counts.

While children continue to face challenges on all fronts, the Mother-to-Child Transmission rate continues to decline steadily, currently standing above 5%. Moreover, AIDS rates among children have fallen by 65% since 2013.

As a pioneer in global efforts, Kenya joined the Global Alliance to End AIDS in children by 2030 and developed a targeted action plan to enhance interventions for women and children, demonstrating a comprehensive and effective response to HIV/AIDS.

### Challenges

WHO Kenya is supporting the Global Fund Cycle 7 (GC7) grant application for 2024-2027, noting a **funding decrease of approximately 12%** from \$264M in the previous funding model (NFM3) to \$232M. This reduction will affect HIV program operations, necessitating adjustments in resource allocation for prevention and care. Collaborating closely with PEPFAR helps reduce overlap and enhance efficiency. To bridge the growing funding gap, Kenya's HIV programs must innovate and rethink strategies, ensuring continued progress despite financial challenges.

Elimination Mother to Child Transmission of HIV Rate



## 2023 Achievements

- ✓ **National Action Plan to End AIDS in Children**  
 The National Action Plan to End AIDS in Children by 2027 was launched in March in Homa Bay County, Kenya. Developed with WHO support, the plan aims to end AIDS among children and eliminate mother-to-child transmission of HIV, syphilis, and hepatitis by 2027. It focuses on addressing vulnerabilities and inequalities, improving diagnostics, ensuring commodity security, enhancing health workforce capabilities, renewing partnerships, aligning resources with national priorities, and prioritizing data-led responses.
- ✓ **Voluntary Medical Male Circumcision Operational Framework**  
 WHO Kenya supported creating the Voluntary Medical Male Circumcision operational framework and sustainability policy action plan to support transitioning of VMMC services. Currently the coverage in the country is 96%, but there is still low coverage in the traditionally non-circumcising counties.
- ✓ **Unique Personal Identifier**  
 WHO Kenya helped develop the NUPI (unique personal identifier). This has enabled accurate counting of the numbers of patients receiving ART across the country. Currently over 90% of the clients have been assigned a UPI, the areas lagging behind are the ASAL counties that still utilize paper based services.
- ✓ **IBBS Study**  
 The country has just kicked off the National Integrated Biological and Behavioural Surveillance (IBBS) study and we will have data for the key pops. Data collection started in 2023 and will be completed in April 2024.



Stella and her 15-month-old daughter Stella stand at the Homa Bay County market, where Stella was just vaccinated against malaria.

WHO / Fanjan Combrin



## HIGHLIGHT

### Launch of the National Action Plan to End AIDS in Children by 2027

The launch of the National Action Plan to End AIDS in Children by 2027 took place on September 8, 2023, in Homabay County, Kenya.

The event was marked by the presence of government officials, elected leaders, community representatives, the media, and individuals living with HIV. This occasion also kicked off the 100-day 2023 Rapid Result Initiative, “Wakati ni sasa End AIDS in children,” aimed at enhancing client-centered care to reduce gaps in the treatment and support for pregnant and/or breastfeeding women and children across all 47 counties, ensuring comprehensive stakeholder involvement.





## 1.2 Communicable Diseases

# Neglected Tropical Diseases

### Summary

In Kenya, the fight against Neglected Tropical Diseases (NTDs) is making headway with targeted strategies outlined in the Breaking Transmission Strategy (2018-2023) and the NTD Master Plan (2023-2027), focusing on diseases like Schistosomiasis, Lymphatic Filariasis, Trachoma, and Soil-transmitted Helminths.

The country successfully eliminated Guinea Worm Disease in 2018, showcasing a milestone in its NTD control efforts. For Lymphatic Filariasis and Trachoma, Kenya has set ambitious goals to eliminate these diseases by 2027, leveraging mass drug administration (MDA) and adopting the triple therapy approach for Filariasis in 2018, a first in Africa.

Furthermore, Kenya has ceased MDA for Trachoma in several areas, moving closer to its elimination target. Through effective disease management and prevention strategies, including the ongoing implementation of community-based treatments for Soil-transmitted Helminths, Kenya exemplifies a committed and strategic approach to overcoming NTDs, aligning with both global health objectives and national public health priorities.

**9 million** 

**Kenyans are estimated to be infected with Schistosomiasis**

a parasitic disease prevalent in various regions across the country.



**IN 2023,**

**6,059,264** 

**Kenyans were reached by Mass Drug Administration for Schistosomiasis, and Soil Transmitted Helminthiasis**

Showing a coverage 102%

### 2023 Achievements

- 
**Mass Drug Administration Campaign:**  
 A significant campaign for Schistosomiasis and Soil-Transmitted Helminthiasis in the Eastern region targeted 6 million people, achieving over 102% coverage. Supported by 800 health workers and over 12,000 drug administrators, this campaign marks a step forward in the WHO roadmap towards eliminating these public health challenges by 2030.
- 
**Nairobi Declaration on Visceral Leishmaniasis:**  
 WHO Kenya contributed to the Nairobi Declaration aimed at ending the problem of Visceral Leishmaniasis in the East African Region, reinforcing regional commitment towards disease elimination.
- 
**Lymphatic Filariasis Elimination Report:**  
 A report on the successful community-led mass drug administration in Lamu was developed, highlighting the strides made towards eliminating Lymphatic Filariasis, with Lamu serving as a model of effective community engagement and treatment strategies.
- 
**World NTD Day Participation:**  
 WHO Kenya played a key role in the World NTD Day commemorations in Mombasa, with over 700 stakeholders attending. The event featured the launch of the Kenya National Master Plan for the Elimination of NTDs 2023-2027, mass drug administration against lymphatic filariasis targeting 1 million people, and various awareness activities.





## HIGHLIGHT

### Mass Drug Administration

The Mass Drug Administration campaign for Schistosomiasis and Soil-Transmitted Helminthiasis was conducted in the Eastern region of Kenya, targeting a population of 6 million people across five counties.

The campaign, involved approximately 800 health workers and over 12,000 community drug administrators.

The campaign successfully achieved a coverage rate of over 102%, treating more than 6 million individuals, surpassing the target. This effort was supported by the provision of 10 million tablets of Praziquantel (PZQ) for Schistosomiasis and 20 million tablets of Mebendazole for Soil Transmitted Helminthiasis, facilitated by partnerships with pharmaceutical companies.

The initiative represents a significant step towards the goal of eliminating these NTDs as public health concerns by 2030, aligning with the objectives of the WHO NTDs Roadmap 2021-2030.





# 1.3 Non-Communicable Diseases

## Key Highlights



**CANCER**  
 In July, Kenya launched its 3rd National Cancer Control Strategy (2023-2027) with a commitment to address gaps surrounding the high burden of cancer through a multi-sectoral approach.

**Image:**

Dr. Idioma (left) from WHO stands at the Afya House (Ministry of Health), Nairobi as the National Cancer Control Strategy is launched.

WHO provided technical support for the strategy which aims to address the significant burden of cancer in Kenya and enhancing the quality of life for cancer patients.

© WHO



**HEARING**  
 Kenya launched the National Strategy and Guidelines for Implementation of Ear and Hearing Care (2023-2028)



**CANCER**  
 Government hosts first-ever National Cancer Summit to coordinate all information, resources & activities related to cancer in Kenya.



**DISABILITIES**  
 2nd phase complete of establishing the Regional Assistive Technology Centre Of Excellence.



**DISABILITIES**  
 Launch of Rehabilitative Services and Assistive Technology Strategy (2022- 2026)



**ORAL HEALTH**  
 WHO hosted a African Regional Meeting in Nairobi on Oral Health



**HIV/AIDS**  
 Launch of the National Guideline for Self-Care Interventions in Reproductive Health.



## 1.3 Non-Communicable Diseases

### Cancer

It is estimated that cancer is the 2nd leading cause of NCD related deaths in Kenya and accounting for 8% of overall national mortality. Existing evidence shows that the annual incidence of cancer is close to 42,116 (male 15,556, female 26,550) new cases and an annual mortality of over 27,092 (male 10,466 female 16,626).

The most common cancers in women are breast, cervical and oesophagus with incidence rates of 25.6%, 19.7% & 6.1%, while in men, prostate, esophageal, and colorectal have incidence rates of 21.9%, 8.7% & 8.3% of all cancers.

### Diabetes

IDF estimates that Kenya has one of the highest proportions of deaths from Diabetes for persons below 60 years among the East African countries. In Kenyan adults, the national prevalence of diabetes was estimated to be 3.1% in 2019 and is projected to rise to 4.4% in 2035 if nothing is done.

More than 8,700 diabetes-related deaths were registered in Kenya in 2015, almost all under 60 years of age. This rise in diabetes is associated with demographic and social changes such as globalization, urbanization, aging population, and adoption of unhealthy lifestyles such as consumption of unhealthy diets and physical inactivity.

It is projected that the burden of cancer will increase by 62.7% to about 77,894 cases annually by 2030 at the current population growth. While diagnosis is the entry point to cancer care, there is limited infrastructure and human resources for pathology contributing to late-stage diagnosis.

#### 2023 Achievements

**National Cancer Control Strategy (2023-27)**  
WHO contributed technical support to the Ministry of Health to launch its 3rd cancer control strategy.

Undiagnosed cases of diabetes are a public health concern with costly public health implications. This can have additional cost implications for households and on an already overburdened health systems, thus a need to increase screening efforts in Kenya to prevent the progression to diabetes.

The STEP wise survey 2015 reported that more than 88% (male 88%, women 87%) of Kenyans have never had their blood sugar tested, leading to late diagnosis of diabetes. This late diagnosis contributes to the high morbidity and mortality burden, which occurs at a younger age before the age of 60.



In July, Kenya launched its national cancer control strategy with a commitment to address gaps surrounding the high burden of cancer through a multi-sectoral approach.

© WHO



## HIGHLIGHT

### Hearing Care in Kenya

In Kenya hearing impairment is the fourth leading cause of disability in the country.

In 2023, WHO Kenya contributed towards creating (1) the National Strategy for Implementation of Ear and Hearing Care in Kenya 2023-2028 and (2) the National Guidelines for Implementation of Ear and Hearing Care in Kenya: 2023-2028.

The national strategy for ear and hearing care in Kenya is founded on a vision of "Integrated, people centered ear and hearing care throughout the life course of an individual," with a mission to "provide quality, affordable and accessible ear, and hearing care services without suffering financial hardship to all citizens in Kenya."





## 1.3 Non-Communicable Diseases

### Cardiovascular Disease

It is estimated that mortality due to Cardiovascular Vascular Disease in Kenya is 13.8%. The leading deaths are stroke (6.1%, Male 5.8%, female 6.4%) and Ischemic Heart diseases (4.6%, male 4.7%, female 4.6%).

Hypertension is an important risk factor for Cardiovascular Vascular Disease and remains the single biggest risk factor for stroke. The prevalence of hypertension has increased over the last 10 years with the STEPs survey 2015 showing close to

a quarter of Kenyans have hypertension. This prevalence increased with age with more than half of those above 40 years being hypertensive.

Sadly, only 4% of the patients under treatment achieved control portending a big risk of long-term complications like heat attacks, strokes, blindness, and renal failure.

### Chronic Respiratory Diseases

In Kenya, chronic respiratory diseases are responsible for approximately 1.73% of the deaths (male 1.92%, female 1.5%).

One of the common diseases in this category is Chronic Obstructive Pulmonary Disease (COPD) which is often under-diagnosed, life threatening lung disease that may progressively lead to death. The main drivers of COPD include tobacco smoking, indoor air pollution (from use of biomass

fuel for cooking and heating), outdoor air pollution and occupational dusts and chemicals.

Outcomes for patients with chronic respiratory diseases remain poor despite the development of novel therapies. In part, this reflects the fact that adherence to therapy is low and clinicians lack accurate methods to assess this issue.





## 1.3 Non-Communicable Diseases

### Oral Health

In Kenya, the prevalence of dental caries among the 5-year-olds is 46.3% while that in the adult population (18 years and above) was 34.3% (male 33%, female 35%) in 2015. In addition to dental caries, common oral diseases and conditions were identified in Kenya including periodontal disease, partial or complete loss of natural teeth, dental fluorosis, oral mucosal lesions and tooth wear.

The burden of oral cancer, are ranked 12th by incidence among cancers in Kenya. Most oral diseases and conditions share modifiable factors such as and unhealth diet high in

free sugars, alcohol consumption and tobacco use. In addition, it is reported that diabetes is linked in a reciprocal way with the development and progression of periodontal disease.

#### 2023 Achievements

##### Oral Health Regional Meeting

WHO hosted a Regional Meeting in Nairobi on Oral Health which looked at enhanced funding & policy support to improve oral health outcomes.

### Mental Health

In Kenya, there is inadequate data and information on the prevalence of mental health however, it is estimated that up to 25% of outpatients and up to 40% of inpatients in health facilities suffer from mental conditions. Further, the probable prevalence of psychosis in Kenya is at an average of 1% of the population. The most frequent of diagnosis of mental illnesses made in general hospital settings are depression, substance abuse, stress and anxiety disorders.

Mental health services are widely underfunded and Kenya is among the 28% of WHO member states countries that do not have a separate budget for mental health. As a response to the rising burden of mental conditions in Kenya, a Mental

Taskforce was created to address mental health concerns and guide the government on resource allocation. The taskforce developed recommendations that if implemented will reduce the burden of mental health conditions in the country.

#### 2023 Achievements

##### National Guidelines for Self-Care Interventions

WHO Kenya contributed towards the finalization of National Guideline for Self-Care Interventions in Reproductive Health. The document took WHO recommendations from the WHO guidelines on self-care interventions for health and well-being 2022.



Members of Tanzania's Ministry of Health attend Nairobi's Regional Meeting on Oral health to accelerate the implementation of regional and global strategies on Oral Health in the WHO African Region.

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## 1.3 Non-Communicable Diseases

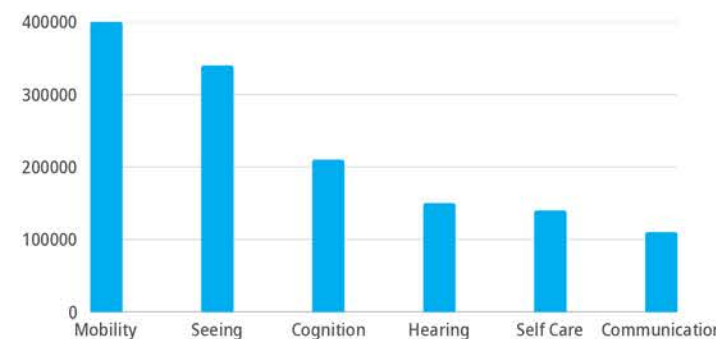
### Disabilities

In Kenya, it is estimated that 2.2% of the population (0.9 million people) have a disability, which requires extensive healthcare services.

#### 2023 Achievements

- 2nd phase of establishment of the Regional Assistive Technology Centre Of Excellence complete.
- WHO worked towards creating the Rehabilitative Services and Assistive Technology Strategy 2022-2026.

Numbers of Kenyan people disability, by domain

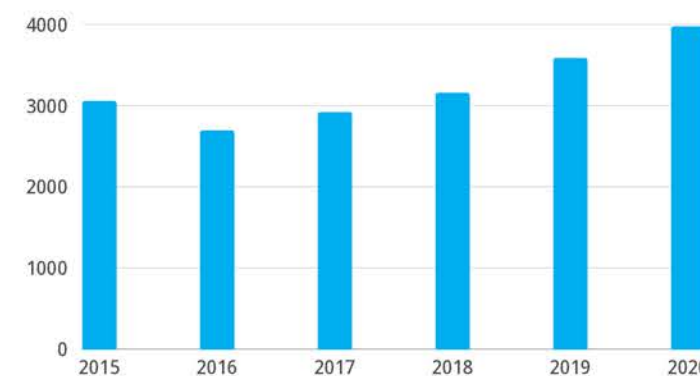


### Accident Injuries

Violence and injuries account for 7% of all deaths in Kenya. The STEPs survey showed that 10% (male 12%, female 8%) of Kenyans reported to have been involved in a serious injury in the last 12 months. The most prevalent injuries were cuts, falls and injuries from road traffic crashes.

The highest proportion of fatalities is among motorcyclists at 40%, with males constituting 86.4% of deaths. NCDs often correlate with injuries as some risk factors for injuries include alcohol use while experience of violence during childhood can predispose to mental illness and engagement of risky behaviour such as tobacco and alcohol use.

Trend of road traffic fatalities



Ikran, an 8 year old girl, who is quadriplegic pictured with her twin brother, Hassan in Wajir County.  
© UN Arete/ Fredrik Lerneryd



# 1.4 Reproductive, Maternal, Newborn, Child & Adolescent Health



**CHILD HEALTH**  
**Kenya launched National Standards for Improving the Quality of Care for Children Including Small and Sick Newborns.**

Launched in November 2023, the standards are built on a WHO framework that envisions all individuals and institutions providing services to children use these guidelines to ultimately reduce neonatal and under 5 mortalities in Kenya.

The standards will also provide a resource for policy-makers, healthcare professionals, health service planners, programme managers, regulators, professional bodies, and technical partners involved in care, to help plan, deliver, and ensure the quality of health services among the children.



**MATERNAL**  
**There has been a decrease in the neonatal mortality rate, from 33 deaths per 1,000 live births to 21 deaths per 1,000.**



**SEXUAL & REPRODUCTIVE RIGHTS**  
**Female Genital Mutilation affects 15% of women in Kenya, with 70% reporting the removal of flesh during the procedure.**



**MATERNAL**  
**89% of live births are assisted by a skilled provider**



**SEXUAL AND REPRODUCTIVE RIGHTS**  
**WHO Kenya assisted the Ministry of Health in creating the National Reproductive Health Selfcare Guidelines.**



**SEXUAL & REPRODUCTIVE RIGHTS**  
**Physical violence against women since age 15 is 34%, escalating to 42% among those aged 45–49.**



**HIV/AIDS**  
**Contraceptive use among married women is 63%.**



## 1.4 Reproductive, Maternal, Newborn, Child & Adolescent Health


### Child Health

Over the last 20 years there has been a gradual reduction in under-5 child mortality thanks to various interventions that include increased insecticide treated nets against malaria, pentavalent vaccine against pneumonia, and improved wash/sanitation measures to prevent diarrhoea.


#### 2023 Achievements

- 
**Eastern Africa Regional Early Childhood Conference**  
 WHO participated in the The Eastern Africa Regional Early Childhood Conference and collaborated with UNICEF to host a side event on "The role of the Health Sector in Supporting Early Childhood Development".



- 
**National Standards for Quality of Care (QoC) for Children**  
 WHO and other stakeholder provided support to the Ministry of Health to create National Standards for improving the Quality of Care (QoC) for Children including small and sick newborns. WHO also played a role in mapping of the PQoC in Kenyas Health Information system.

- 
**National Integrated Early Childhood Development Policy**  
 WHO supported the development of the National Integrated Early Childhood Development Policy Document 2023. Validated in July, the policy addresses positive parenting, safety, security, risks like malnutrition, diminished cognitive development, extreme poverty, violence against mothers and children and more.

- 
**Updated Kangaroo Mother Care Guidelines**  
 In 2023, WHO supported the revision of Kangaroo Mother Care Guidelines (a method of care of preterm infants) based on revised WHO guidelines.

- 
**23rd Paediatric Scientific Conference**  
 WHO participated in and supported the 23rd Kenya Paediatric Association Scientific Conference in Mombasa which brought together national, regional and international pediatricians, nurses, allied health workers and policy makers to share, showcase innovations and promotion of health & wellbeing of children.



Eunice brings her 1-year-old daughter Scovia to receive the malaria vaccine at the Chemelil Gok Health Centre in western Kenya.

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## 1.4 Adolescent Health

# Adolescent Health

Adolescents make 24% of Kenya's population with about 11.6 million falling between age of 10 – 19 years. Their health and wellbeing has a significant impact on the overall development and attainment of national and global development goals.

In 2022, Kenya launched the first exclusive National Adolescent Health Survey 2019-2020. WHO Kenya provided technical input and guidance at various stage of the survey which highlighted gaps in Adolescent health programming as pertains to Water and Sanitation (WASH), Mental Health, Accidents & Violence as well as AYSRH.

### 2023 Achievements



#### Adolescent Health Policy and Health Strategic Plan

WHO provided ongoing support for the development of Adolescent Health Policy and Adolescent Health Strategic Plan. The policy documents will take a holistic multi-sectoral approach to adolescent health programming as it relates to communicable & non-communicable disease, mental health, substance abuse or self-harm, nutrition, social protection, violence & injuries.



#### Global Standards for Health Promoting Schools

WHO supported MOH/MOE pilot Global Standards for Health Promoting Schools (GSHPS).





## 1.4 Reproductive, Maternal, Newborn, Child & Adolescent Health

### Maternal & Newborn Health

In Kenya, maternal and newborn health remains a critical area of focus, as recent data highlights both progress and challenges in this sector.

According to the Kenya Demographic and Health Survey (KDHS) 2022, 89% of live births in the two years preceding the survey were assisted by a skilled provider. However, significant county disparities exist, with Arid and Semi-Arid Land (ASAL) counties like Turkana and Tana River reporting lower proportions at 53% and 59%, respectively. Additionally, about 66% of women aged 15-49 who had a live birth or stillbirth in their most recent pregnancy attended four or more antenatal care visits.

Maternal mortality remains a concern, with the 2019 Kenya Census estimating a rate of 355 per 100,000 live births. This figure stands far from the Sustainable Development Goal (SDG) 3.1 target of reducing the maternal mortality ratio to less than 70 per 100,000 live births by 2030. The major complications leading to maternal deaths include severe hemorrhage, infection, high blood pressure during pregnancy (pre-eclampsia and eclampsia), complications during childbirth, and unsafe abortion, accounting for almost 75% of all maternal deaths.

Furthermore, there has been a decrease in the neonatal mortality rate, from 33 deaths per 1,000 live births to 21

deaths per 1,000 live births. However, child nutrition poses another significant challenge, with about 18% of children under age 5 being chronically malnourished, or stunted.

This issue exhibits wide county-level variations, with the highest percentages of stunted children found in Kilifi, West Pokot, and Samburu, and the lowest in Kisumu and Garissa. This data underscores the need for targeted interventions to improve maternal and newborn health outcomes across Kenya, particularly in ASAL counties and areas with high levels of child malnutrition.

#### 2023 Achievements

- 
**Every Newborn Action Plan**  
 WHO support for operationalization of Every Newborn Action Plan towards reduction of Kenya Neonatal Mortality.
- 
**Maternal Mental Health**  
 MoH and WHO held a high-level meeting on integrating Maternal Mental Health into Maternal Child Health Services, attended by over 60 ministry officials and partners.





## 1.4 Reproductive, Maternal, Newborn, Child & Adolescent Health

### Sexual and Reproductive Rights

The Demographic Health Survey (2023) for Kenya reveals key insights into the state of sexual and reproductive health among women and girls, demonstrating a landscape marked by both progress and persistent challenges.

Teenage pregnancy rates show a concerning trajectory, increasing from 3% at age 15 to 31% by age 19, with disparities evident across economic quintiles—teenage women in the lowest wealth bracket experience higher pregnancy rates (21%) compared to their counterparts in the highest quintile (8%). On a positive note, contraceptive use among married women is robust at 63%, contributing to a significant reduction in the unmet need for family planning, from 35% to 14%.

Despite these advances, the prevalence of physical violence against women since age 15 is alarmingly high at 34%, escalating with age to 42% among those aged 45–49. Additionally, Female Genital Mutilation (FGM) affects 15% of women, with a majority (70%) reporting the removal of flesh during the procedure.

Sexual and reproductive health and rights (SRHR) are essential for health, gender equality, democracy, and sustainable development, affirming individual autonomy over their bodies for a fulfilling life. The COVID-19 pandemic highlighted the vulnerability of health systems, especially in Kenya, where the effects on women and girls' sexual and reproductive health have been significant.

To address these multifaceted challenges, there is an urgent need for reinforced strategies and policies at the subnational level. This includes the imperative to support the implementation of the National Ending Preventable Maternal Mortality (EPMM) and Every Newborn Action Plan (ENAP), alongside the operationalization of the Adolescent Health Policy at the county level.

Such measures are vital for advancing the Sustainable Development Goals related to reproductive, maternal, newborn, child, and adolescent health (RMNCAH), spotlighting the essential role of technical and financial support in enhancing SRHR in Kenya.

**4 in 10** women age 15–19 who have **no education** have ever been pregnant.



compared to **5%** of women who have more than **secondary education**.

### 2023 Achievements



#### Reproductive Health Selfcare Guideline

WHO Kenya assisted the Ministry of Health in creating the National Reproductive Health Selfcare Guideline through fostering collaboration and coordination of stakeholders in the reproductive health self-care domain, implementing the guidelines and aiding the development of self-care training manuals.



#### Maternal, Newborn & Child Health Quality Care

WHO provided technical and financial support for development of various national Quality of Care normative guidance and tools such as Maternal Death Surveillance & Response (MPDSR) guidelines and National Guidelines to improve the Quality of Care standards for children including Small & Sick Newborns.



#### National Ending Preventable Maternal Mortality

WHO provided technical input and guidance in the development of the National Ending Preventable Maternal Mortality and Every Newborn Action Plan and is a member of the core secretariat. The plans outline priority activities to accelerate the prevention of maternal and neonatal mortality.



#### Prevention of Female Genital Mutilation (FGM)

WHO collaborated with the Ministry of Health to adapt the WHO Person-centred Communication technique for FGM prevention. This counseling method aims to empower women, motivating them to oppose FGM, and is designed for use in various clinical settings, including routine health check-ups, postnatal care, and immunization sessions.





# 1.5 Health System Development

## Key Highlights



**Image:** Instructor Joseph K. Mwangi watches as student Stanley Simwa practices how to deliver a baby in the Kenya Medical Training College Skills Lab, Nairobi.

Kenya's health system development has seen significant improvements, including a rise in life expectancy to 67 years and the establishment of approximately 16,999 health facilities, achieving a facility density that surpasses WHO targets. However, challenges remain, such as achieving Universal Health Coverage, with the current service coverage index at 56%, and addressing disparities in health workforce distribution across counties.



### HEALTH SYSTEMS

Kenya enacted **4 new laws**; The Social Health Insurance, the Primary Health Care, the Digital Health and the Facility Improvement Financing Act.



### HEALTH SYSTEMS

The Ministry of Health developed a **National Patient Safety Policy**.



### HEALTH WORKFORCE

WHO supported the health labor market analysis and the **first ever inaugural dialogue on health workforce in Kenya**.



### HEALTH FINANCING

Kenya launched the **Health Financing Strategy 2020-2030 for Universal Health Coverage**.



### PRIMARY HEALTH CARE

Kenya established **3 model Primary Care Networks in Marsabit, Isiolo, and Bomet** and trained **215 healthcare workers**.



### HEALTH INFORMATION SYSTEMS

WHO contributed to the **technical development of the electronic community health information system**.



### HEALTH INFORMATION SYSTEMS

Kenya released the **Harmonized Health Facility Assessment 2023 and the Health Facility Census Assessment**.



### HEALTH WORKFORCE

Kenya has approximately **189,932 active health workers**, achieving a density that represents about **68% of the SDG index threshold**.



### UNIVERSAL HEALTH CARE (UHC)

WHO contributed to the **policy dialogues and strategic planning of a UHC Expo and Convention in Kericho**.



## HIGHLIGHT

### Universal Health Care Expo

Between October 15 and 19, Kericho County hosted a Expo and Convention that aimed at bringing together healthcare providers, policymakers, stakeholders, and the community to advance the agenda of universal health access.

The convention was part of the build-up to October 20th where Kenya launched it's Universal Health Care Plan and signed 4 bills to transform Kenyas healthcare framework.

The expo, served as a platform to exhibit health products, technologies, and information, reflecting the collaborative effort of various health partners in Kenya. These partnerships are crucial in the push towards comprehensive health coverage, by show casing programmatic progress and innovations in the health sector.

**Image:** Evalyn Chagina and Dr. Abdourahmane Diallo of WHO, with Dr Medhin Tsehaiu of UN Aids at the Kericho Convention.





## 1.5 Health System Development

# Health Systems

As of 2024, Kenya has a population of 52 million, with one-third being adults aged 25-59. The country has around 14 million households, with an average of four people each, and a life expectancy of 67 years, up from 65 in 2015.

Despite a steady population growth rate of 2.2%, Kenya's progress towards Universal Health Coverage (UHC) has been slow, with the UHC Service Coverage Index stagnating at 56%. Nonetheless, projections indicate an increase to 67.1% by 2030, suggesting the country is off-track to achieving UHC by this target year. Health insurance coverage saw a rise from 17.1% in 2013 to 26% in 2022, reflecting broader access to health services. Fertility rates have declined over the last two decades, with an average of 3.4 children per woman in 2022, down from 4.9.

However, morbidity and mortality rates, particularly among women and children, lag behind Sustainable Development Goals, with primary health challenges being respiratory and diarrheal diseases, malaria, and pneumonia. There's been progress in reducing infant mortality and improving immunization rates. The Kenya Health Policy 2014-2030 and Vision 2030, part of the Bottom-up Economic Transformation Agenda, focus on achieving UHC through a primary healthcare model. Nonetheless, challenges like inadequate staffing and funding hinder these efforts, emphasizing the need for increased resources to support health system improvements.

### 2023 Achievements

**Universal Health Coverage Expo and Convention**  
The Expo and Convention was held at Kaptatet Stadium in Kericho from October 15-19, and aimed to bring together stakeholders, policymakers, healthcare providers and the community to advance the agenda of universal health access. WHO was actively involved as a key partner to the Ministry of Health and contributed to the policy dialogue and strategic planning of the event's objectives. It brought together over 700 participants and concluded with the signing of the Kericho Declaration on Human Resources for Health in Kenya, aimed at ensuring the adequate and equitable distribution of a productive health workforce.

**Launch of Universal Health Coverage (UHC) Plan**  
On October 20th, the UHC plan was launched by President Ruto during the 60th Mashujaa Day celebrations. The plan aims to provide accessible, affordable, and high-standard healthcare to all Kenyans. Key legislative support for UHC came with the passage of 4 significant bills: the Social Health Insurance Bill, Digital Health Bill, Facility Improvement Financing Bill, and Primary Health Care Bill, which aim to transform the legal and institutional healthcare framework in Kenya.

**3 Model Primary Health Care Networks**  
In 2023, WHO Kenya supported the establishment of three model Primary Care Networks in Marsabit, Isiolo, and Bomet, enhancing health service access through leadership sensitization, comprehensive assessments, and training of over 200 healthcare workers, aligning with health system strengthening goals.

**Patient Safety**  
WHO in partnership with the MoH, developed a National Patient Safety Policy as well as training modules, and a workshop to evaluate these materials. Additionally, to raise awareness about patient safety and call for solidarity and united action by all countries and international partners to reduce patient harm, WHO supported the MOH in the commemoration of World Patient Safety Day in September with the slogan "Elevate the voice of patients!".

**Establishment of Primary Care Networks**  
WHO through the Global Health workforce program supported the Ministry of Health in Capacity Building of Health Care workers on establishment of Primary Care Networks. A total of 248 Master trainers were trained and commissioned to the subnational level.

**Number of Health Worker and Facilities in Kenya**  
The health workforce comprises about 189,932 active workers, reaching 68% of the SDG index threshold for health workers' density. In addition, Kenya has approximately 16,999 health facilities, surpassing the WHO target with a facility density of 3.2 per 10,000 population. Yet, challenges persist, including insufficient equipment, essential medicines, and medical personnel.



On October 20th, 4 significant health bills were signed to enhance Universal Health Coverage.

WHO Kenya Representative, Dr Abdourahmane Diallo is captured above giving a speech at Statehouse on the day of the launch.

© Ministry of Health



## HIGHLIGHT

### World Patient Safety Day

Kenya joined the rest of the world on September 17 2023, to celebrate World Patient Safety Day in Nairobi, Kenya.

The day was filled with workshops, panel discussions, and health screenings, all aimed at enhancing patient safety standards and reducing healthcare errors nationwide.

A significant highlight was the launch of a new patient safety protocol designed to foster transparency and trust between patients and healthcare providers.

**Imagine:** Principal Secretary Mary Muthoni from the Ministry of Health, captured with Dr Joyce Onsongo from WHO.





## 1.5 Health System Development

### Health Information Systems

While Kenya has made tremendous progress in strengthening collection of health data from various sources, it still faces challenges of poor health outcomes due to inadequate use and unavailability of timely, reliable and quality data to its citizens for use in decision making.

Over the past two decades, Kenya has made tremendous effort towards strengthening its health information systems in providing equitable and affordable quality health services to all Kenyans. Furthermore, health information was identified as a key investment area in the Kenya Health Policy (2014-2030) for better coordination and alignment of healthcare resources. The MOH has developed various legislative, policy documents and guidelines however the dissemination and use of these policy documents and innovations is still quite limited especially in their institutionalization at subnational levels.

The Health Information System collects both routine and non-routine data from various sources. The routine data is reported mainly through the Kenya Health Information System which runs on DHIS2 platform and other standalone platforms such as TIBU, Logistic Management Information System and Kenya Master Facility List.

Despite the deployment and investment in Health Information System as the main platform for reporting health sector indicators to make it more responsive to the needs of the sector, there continues an upsurge in parallel patient management systems that do not share data, leading to data gaps and the perennial parallel reporting system.

At present, the government of Kenya in its Bottom-Up Economic Transformation Agenda has prioritized Digitalization on its key agenda. To align to this, the Ministry of Health is establishing a Digital Health Superhighway and a Digital Health Agency as defined in the Digital health Act to provide a framework for provision of digital health services and establish a integrated digital health information system.

**85%** 

of health facilities in Kenya are submitting **complete digital information and timely reports.**



A health worker updates the health file of a patient based on their bloodwork at the Homa Bay County Teaching and Referral Hospital in western Kenya.

© WHO / Fanjan Combrink



## Health Information Systems

### 2023 Achievements



#### Digital Health Bill 2023

WHO provided technical support in the final review and public participation for the Digital Health Bill which aims to digitize health services. This will improve data sharing, set standards for e-health, and personalize patient care, ultimately leading to enhanced healthcare quality and empowerment of communities through telemedicine.



#### Community Health Information System

WHO contributed to the technical development of the electronic community health information system by adding a campaign service delivery module. The system is part of the envisaged digital health superhighway, providing a comprehensive, integrated, and user-friendly platform for reporting community health data and supporting provision of quality community-based health services.



#### Harmonized Health Facility Assessment 2023

WHO provided support in the data analysis and report writing of the Harmonized Health Facility Assessment 2023 and the Health Facility Census Assessment. The assessment provided information on availability of health services, state of healthcare infrastructure, equipment, and healthcare workforce. The census report was launched in December.



#### Kenya Demographic Health Survey

WHO Kenya team technically contributed to and provided financial support towards the drafting, review, validation and launch of the Kenya Demographic Health Survey 2022. The report provides the current estimates for most critical health-related SDG indicators that will help informing policy and planning in Kenyas health sector.



#### Digitalize public health campaign

WHO in collaboration with Clinton Health Access Initiative are developing digital public health campaigns in Kenya including Long Lasting Insecticide Nets distribution, Neglected Tropical Diseases, Mass Drug Administration campaigns and vaccination campaigns. The first version of the campaign has undergone User Acceptance Testing.



#### Baseline Assessment on Health Services

A baseline assessment using Kobo Collect tools informed the drafting of reports on health services, shared with County and Sub County Health Management Teams for planning and mapping. Additionally, primary healthcare staff and over 200 workers were trained or sensitized, leading to the creation of 3 model primary care networks.

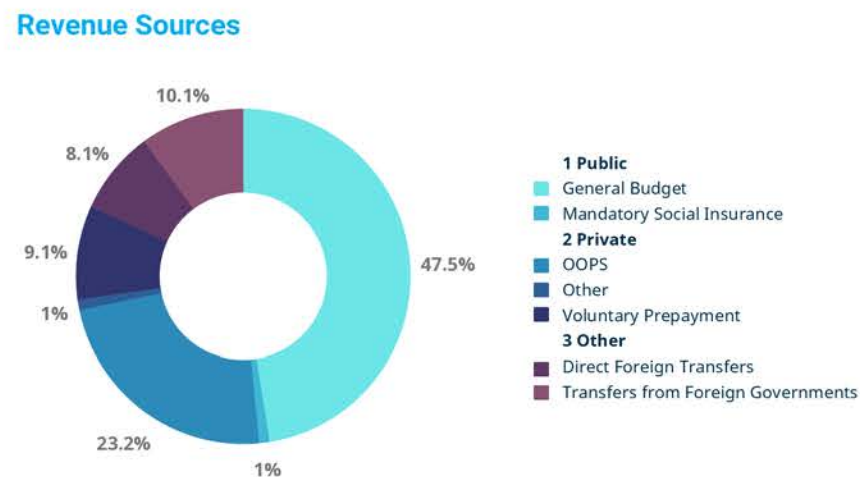




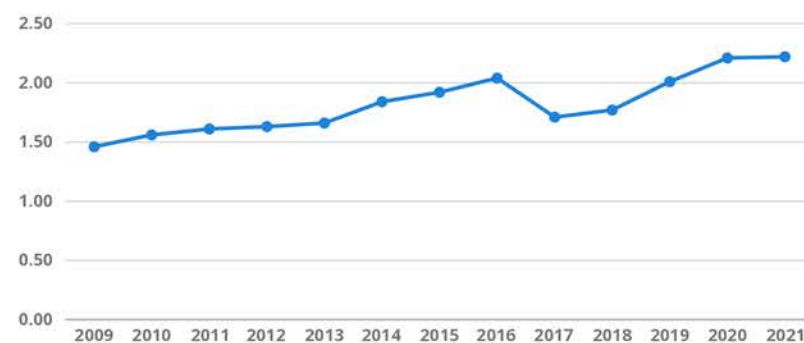
## 1.5 Health System Development

# Health Finance

Kenya's health system is financed through public (49%), private (33%), and external (18%) sources, with a total current health expenditure (CHE) of 95\$ per capita. Particularly, the General Government Health Expenditure (GGHE-D) represents 48% of CHE, while out-of-pocket spending (OOPS) accounts for 23% of CHE—higher than the average in similar income countries (8,1%). The GGHE-D has progressively increased, currently at 2.2% of GDP and 9.3% of General Government Expenditure (GGE). Although there's no magic number for health financing spending targets, global benchmarks suggest that Kenya should continue to raise its GGHE-D to ensure comprehensive coverage and financial protection to all Kenyans (4% to 6% of GDP and 15% of GGE). Additionally, about 5.2% of Kenyans experience catastrophic expenditures from health expenses exceeding 10% of their household budget.



Domestic General government health expenditure (GGHE-D) as % Gross Domestic Product (GDP)



In response, the Kenyan government developed the Health Financing Strategy 2020-2030 for UHC and established the legal framework to implement a Social Health Insurance, compulsory to all Kenyans, under a unified Essential Health Package. Four key laws were enacted: the Social Health Insurance Act, the Primary Health Care Act, the Digital Health Act, and the Facility Improvement Financing Act. These laws are designed to consolidate funding, strengthen preventive health services, digitalize health data management systems, and increase the autonomy of public health facilities. Successful implementation will depend on detailed policy design and effective administration, particularly in the context of Kenya's devolved governance structure

## 2023 Achievements



### Developed the Health Financing Progress Matrix (HFPM) assessment for Kenya

The HFPM assessed the Kenya's health financing system against a set of evidence-based benchmarks that were identified as being key in making progress towards Universal Health Coverage (UHC). The assessment includes clear findings and recommendations to inform the health financing reforms and to progressing towards UHC.



### Supported the National Health Financing Dialogue

WHO played a critical role in tailoring the dialogue to address national health financing challenges, offering expertise and clear recommendations to address health system and financing fragmentation, based on the HFPM assessment. Furthermore, WHO technically support producing the final report summarizing discussions and putting together the stakeholder commitments to contribute to a more sustainable and efficient health financing system in Kenya.



### Supported the Ministry of Health to design Universal Health Coverage Health Financing reforms:

- a) WHO provided technical expertise to develop the Facility Improving Financing (FIF) guidelines.
- b) Costing the essential health benefit package for Kenya, levels 1-3 to inform the new SHI benefit package.
- c) Development of the proxy means testing algorithm to identify households ability to pay premiums for the Social Health Insurance Fund, and establishing criteria for households' eligibility for Government assistance and subsidies.



Dr Abdurahmane Diallo (WHO Kenya Regional Representative) and Dr Mona Al-Mudhwahi (WHO Universal Health Coverage cluster lead) talking with Nakhumicha S. Wafula (Cabinet Secretary, Ministry of Health) during the Universal Health Care Expo in Kericho county.

The Expo event lead up to the signing of 4 Kenyan bills aimed at enhancing Universal Health Coverage, including The Facility Improvement Financing Act, 2023.

This Act was designed to to enhance the financial and managerial autonomy of public health facilities to ensure better resource management, service quality, and community involvement.

October, 2023 [Kericho County]



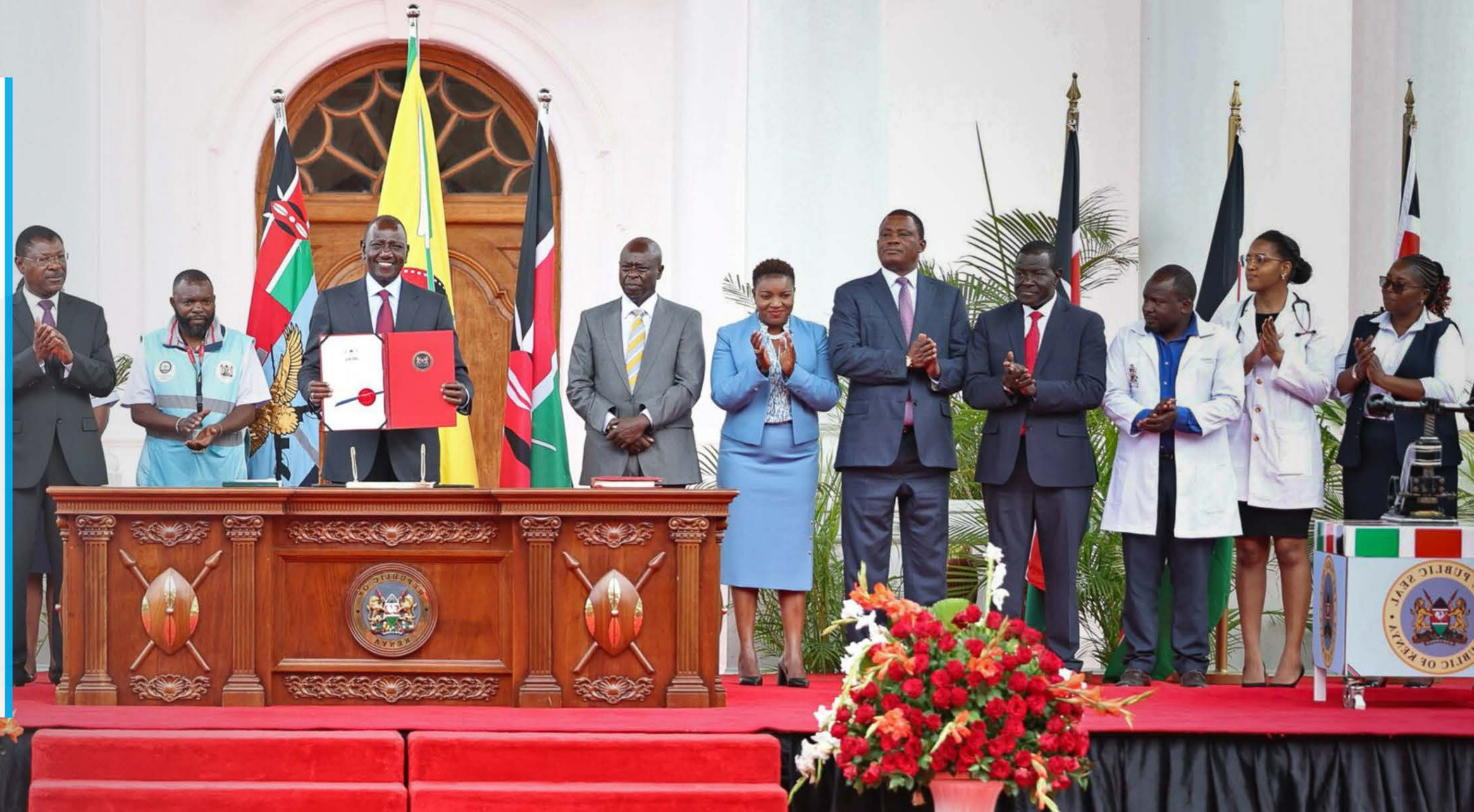
## HIGHLIGHT

# Launch of the Universal Health Care Plan

On October 20th, Kenya celebrated Mashujaa Day by significant advancements in healthcare following the signing of four key Universal Health Coverage bills by President William Ruto.

These bills include the Primary Health Care Act, 2023; the Digital Health Act, 2023; the Facility Improvement Financing Act, 2023; and the Social Health Insurance Act, 2023.

These laws aim to provide efficient, affordable, and non-discriminatory healthcare across the nation. They establish a robust legal and institutional framework for the rollout of Universal Health Coverage, which will enhance healthcare service delivery, address underfunding, and streamline the adoption of technology in healthcare.





## 1.5 Health System Development

### Health Workforce

Kenya has witnessed substantial growth in its health workforce over the past decade, with a notable doubling in numbers and an annual addition of approximately 8,200 health workers. This expansion translates to an 11% yearly improvement in staffing. Looking ahead, there is a pressing need for a health workforce investment/recruitment plan to facilitate the employment of trained health professionals. Such a strategy necessitates enhanced multisectoral collaboration among the Ministries of Health, Finance, and County Governments, alongside a recommended 7-11% annual increase in budget allocation for the employment of health workers.

The journey towards Universal Health Coverage (UHC) places the health workforce at its core, with Human Resources for Health (HRH) identified as a priority investment area within Kenya's health policy. Management of the health workforce has evolved, particularly after devolution, with HRH management for devolved health workers shifting to the public service boards, while staff at the National level remain managed by the Ministry of Health. The establishment of Kenya Health Human Resource Advisory Council (KHHRAC) as an intergovernmental and multiagency body is a testament to the governments commitments towards UHC, with a mandate to oversee various aspects of healthcare professional management and maintain a comprehensive register of health practitioners in the country.

The 2023 HLMA highlights that Kenya had approximately 189,932 active health workers across various occupations, achieving a density that represents about 68% of the indicative SDG index threshold necessary for significant progress on SDG 3 targets. Despite these figures suggesting a relatively high health labour participation rate of 90%, a closer examination reveals that 14.34% of health professionals are either unemployed or underemployed, and about 10% are out-of-labour-force (OLF).

“To effectively utilize the investments made in the health sector as part of the UHC journey, there is need for fit for purpose health workforce of the appropriate skills mix and adequate number”

Ministry of Health Dr. Sultani Matendechero

[Image: Healthcare worker at mobile clinic in Ntiliya village.]

### 2023 Achievements



#### Health Labor Market Analysis

WHO, with the Working for Health Program, conducted a comprehensive Health Labour Market Analysis in Kenya which provided systematically generate evidence on the interaction and mismatches between: supply of health workers; demand for health workers; population health needs; and feasibility and impact of different policy options.



#### National Health Workforce Accounts (NHWA);

In 2023, WHO Kenya supported the NHWA annual reporting for 2022-23, aimed at improving health workforce data standardization and interoperability to aid Universal Health Coverage goals. The third NHWA cycle in Kenya successfully collected data from 43 counties.



#### Strengthening Health Workforce Development

WHO Kenya played a pivotal role in the National Dialogue on Strengthening Health Workforce Development to address health workforce challenges. This led to a one-day National Dialogue event, which culminated with the signing of the Kericho National Declaration on Health Workforce with resolutions to be implemented over the next 24 months.



#### Mapping of Essential Public Health Functions

Building on the National Health Workforce Accounts, Kenya is one of the countries that have been prioritized in the African Region to implement mapping and measurement Essential Public Health Functions, to strengthen capacity for a multi-disciplinary workforce including Emergency, Preparedness and Response (EPR).



#### Primary Health Care Master Trainers

WHO through the Global Health workforce program supported the Ministry of Health in Capacity Building of Health Care workers on establishment of Primary Care Networks. A total of 215 Master trainers were trained and commissioned to the subnational level. WHO supported trainings in 3 counties; Marsabit, Isiolo and Bomet.



#### Enhanced Partnership and Coordination

WHO Kenya enhanced the partnership and coordination within the human resources for health sector through the Interagency Coordination Committee and the Intergovernmental Technical Committee, promoting regular communication among national and sub-national governments, and key stakeholders in the HRH program.



**Image:** Signing of the Kericho declaration on health workforce.



## 1.5 Health System Development

# Laboratory System Strengthening

In Kenya, WHO's initiatives to enhance laboratory systems are crucial in advancing the nation's capabilities in diagnosing and controlling infectious diseases, mirroring the progress in global biomedical science. Through its support of laboratory networks (labnets) dedicated to the surveillance and management of critical diseases such as polio, cholera, measles, rubella, influenza, and multidrug-resistant tuberculosis, alongside the introduction of new vaccination programs, WHO Kenya strives to improve the country's readiness and ability to address health threats.

The goals of these initiatives include providing high-quality support to laboratories managing priority infectious diseases, elevating the standard of laboratory services for both surveillance and clinical needs in accordance with International Health Regulations, guiding the adoption of laboratory technologies and practices, and promoting the cohesion of disease-specific laboratory efforts.

Despite the significant progress in accelerating disease detection, several challenges persist. These include limited resources for laboratory capacity enhancement and the distribution of testing materials across more counties, difficulties in coordinating with the national laboratory leadership remotely, and delays in activity implementation caused by competing priorities among Ministry of Health officials.

### 2023 Achievements

- 📄
**Capacity Building**  
 WHO supported on-the-job training on cholera culture & DST 27 Laboratory Officers in 4 counties. Hands-on training on enteric bacterial pathogens culture & DST for 46 Laboratory Officers in 23 counties. Hands-on training on enteric bacterial pathogens culture & DST for 23 Laboratory Officers from Refugee & GoK Health Facilities. And, sensitization on cholera testing strategies and specimen collection in line with GTFCC guidelines during ICMS training in Garissa & Wajir to 150 Health workers.
- 📄
**Prepositioning Laboratory Materials for Cholera**  
 WHO helped preposition 6,400 cholera Rapid Diagnostic Tests (RDT) distributed across 24 counties. The county with least distribution received 100 RDTs and the county with highest distribution received 600 RDTs. In addition, WHO distributed cholera transport media, culture, serotyping & DST supplies to 8 Hospitals in 7 counties.
- 💰
**Laboratory Surveillance and Reporting Functions**  
 WHO Kenya supported environmental sampling of 2 polio surveillance sites in Garissa and provided supportive supervision to laboratory officers in Wajir County Referral Hospital. In addition, WHO developed a draft weekly laboratory surveillance reporting tool and is undergoing an internal review process.



Laboratory officer holding a cholera sample during a 5-day cholera training session in Machakos. The trainings were held in preparation for potential cholera outbreaks associated heavy rains during El Niño floods.

© WHO / Genna Print



## Pillar 2

# HEALTH EMERGENCIES

- 1 Emergency Preparedness
- 2 Emergency Response

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# 2.1 Emergency Preparedness

## Key Highlights



**Image:** WHO team predispositioning supplies in Garissa ahead of the El Niño floods.

Emergency preparedness is essential for delivering a swift and effective response that saves lives and minimizes damage. This approach encompasses planning, public education, strategic stockpiling and specialized training for response teams and more. Such efforts are aimed at reducing immediate health impacts, facilitating a quicker recovery, and addressing economic and infrastructural challenges, thus enhancing community resilience.



COUNTRY PREPAREDNESS

WHO supported the training of **120 health workers** on integrated management of acute malnutrition.



COUNTRY PREPAREDNESS

WHO helped preposition water, sanitation and hygiene supplies to 5 counties targeting a **population of 172,165 people**.



COUNTRY PREPAREDNESS

WHO supported the training of **226 team members** on Integrated Disease Surveillance & Response from 32 sub-counties.



COUNTRY PREPAREDNESS

Kenya established a **One Health Unit** in Kajiado County to enhance human-animal-environment health response.



COUNTRY PREPAREDNESS

WHO supported training of **120 AVOHC SURGE Responders** and **633 Rapid Response**.



COUNTRY PREPAREDNESS

WHO conducted an **After Action Review** of the cholera outbreak.



COUNTRY PREPAREDNESS

WHO stockpiled Interagency Emergency Health Kits for roughly **500,000 people** in preparation for El Niño rains.



COUNTRY PREPAREDNESS

WHO supported **Ebola simulation exercises** and developed an Ebola response and preparedness plan.



COUNTRY PREPAREDNESS

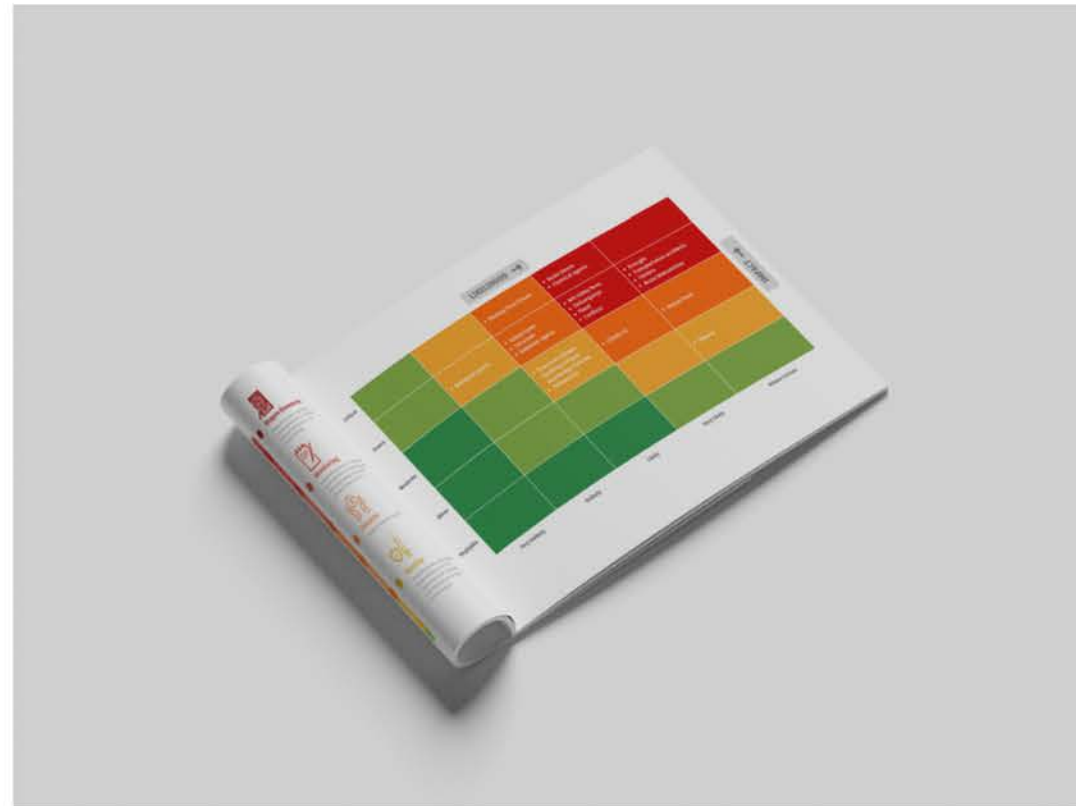
WHO supported the training of **69 laboratory personnel** from 24 counties trained on lab testing for bacterial pathogens including cholera.



## 2.1 Emergency Preparedness

# Strategic Risk Profiling

WHO supported the Ministry of Health to identify hazards, assess their risk and estimate impact using the **Strategic Tool kit for Assessing Risks (STAR)**.

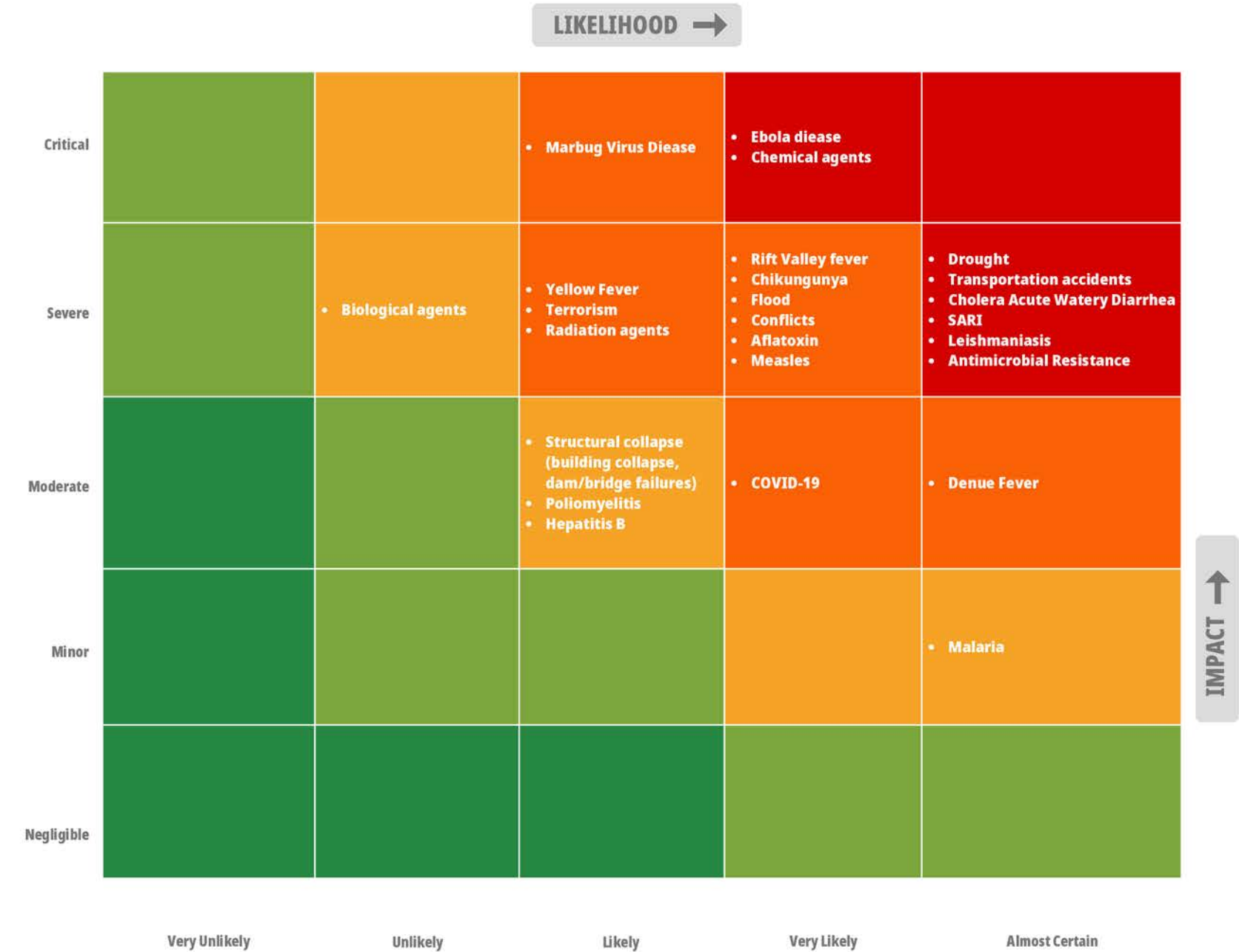


In 2023,  
**Kenya prioritised:**

**8** Very High Risk Hazards

**12** High Risk Hazards

**5** Medium Risk Hazards

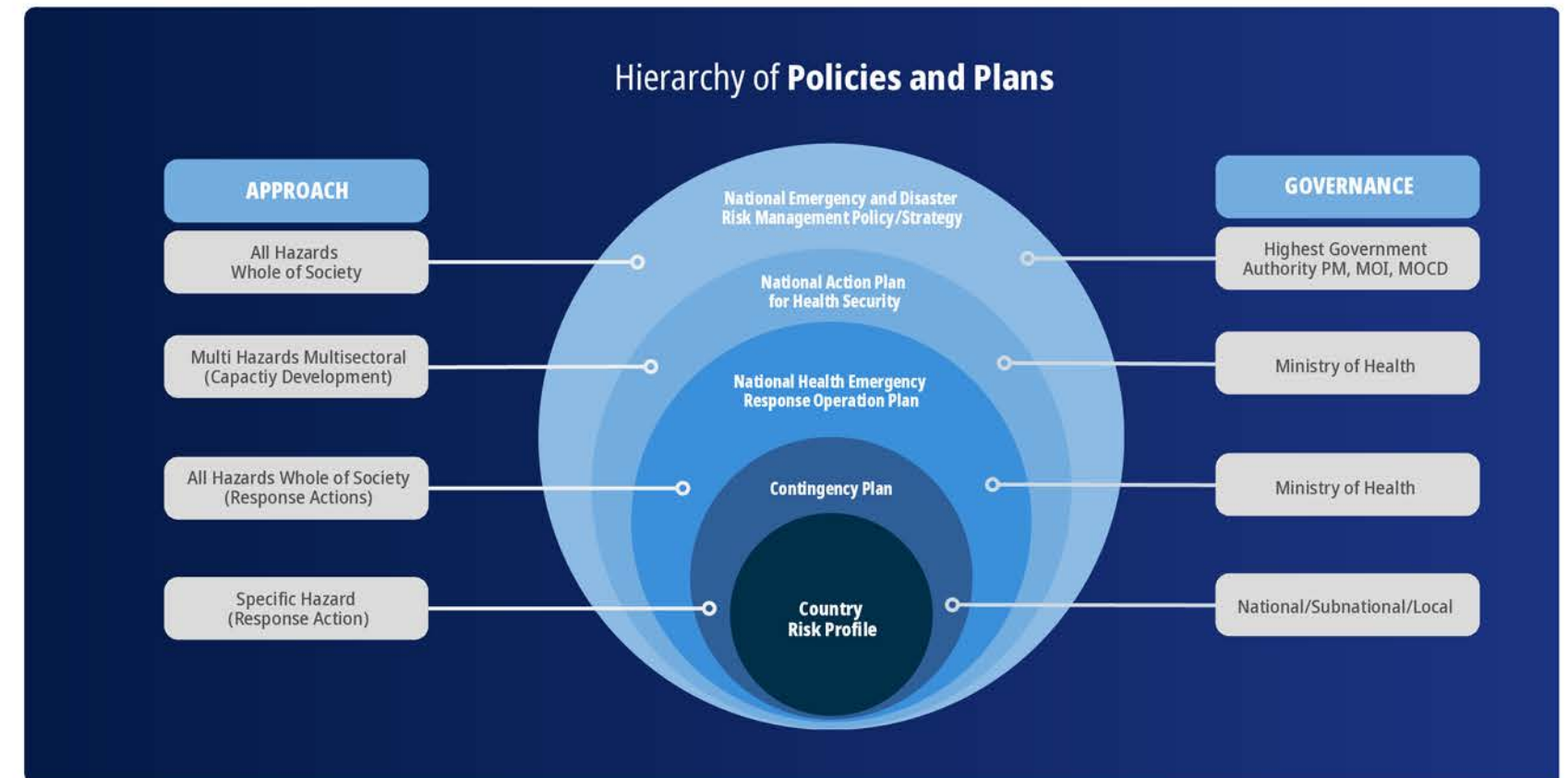
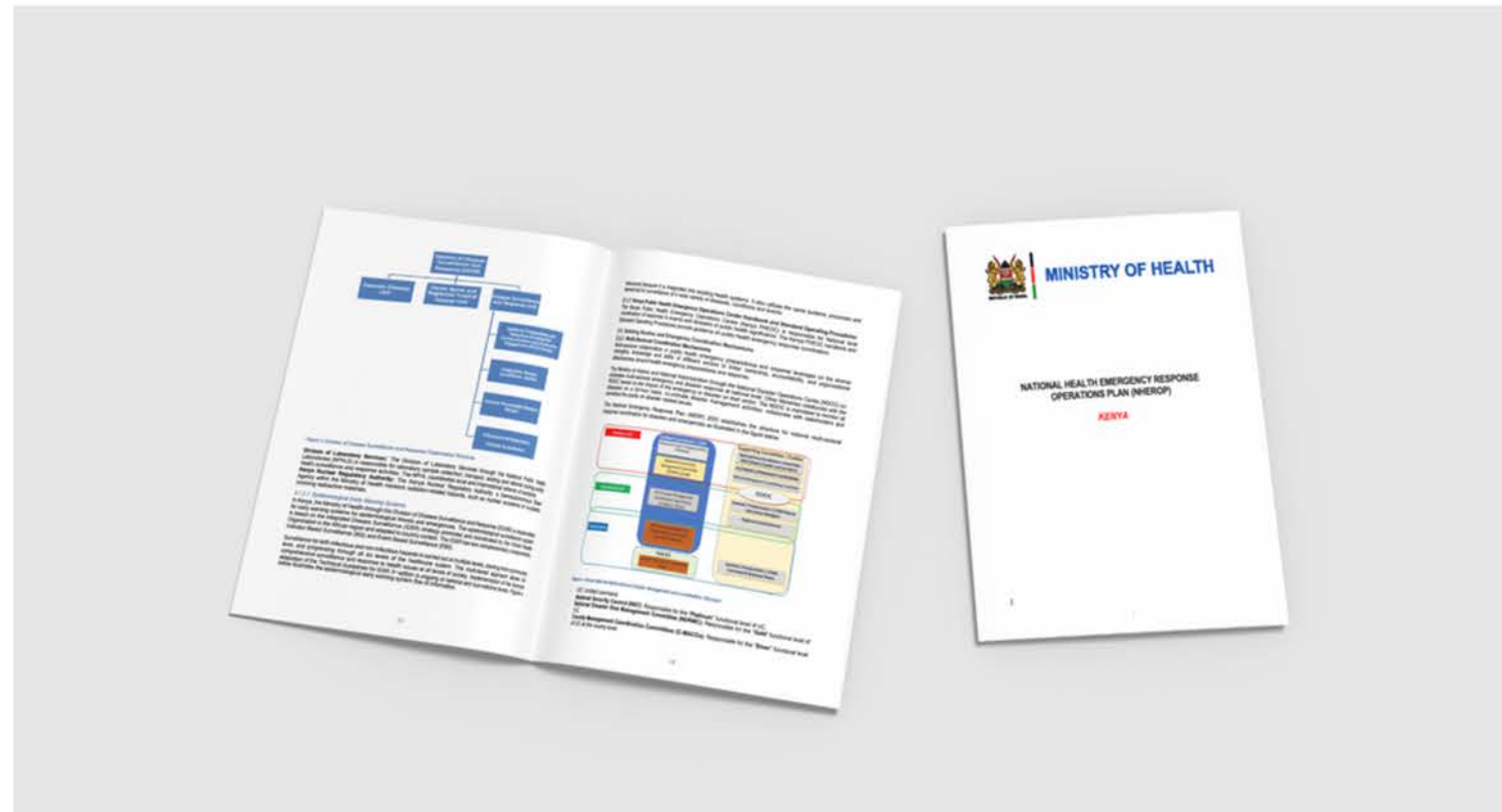




## 2.1 Emergency Preparedness

# Strategic National Plans for Health Emergencies

WHO supported the Ministry of Health with the development of the **National Health Emergency Response Operation Plan (NHEROP)** as well as the **multi-sector all hazard risk communication plan**.





## 2.1 Emergency Preparedness

# Country Preparedness

### 2023 Achievements



#### Strategic Stockpiling

WHO helped stockpile and preposition

- 6400 cholera kits were distributed to 24 Counties
- Interagency Emergency Health Kits were distributed to 17 counties serving roughly 500,000 people.
- 5000 cartons of Ready to Use Therapeutic Food and 4000 cartons of Therapeutic Milk were distributed to 3 counties (Garissa, Samburu and Isiolo).
- Water, sanitation and hygiene (WASH) supplies were distributed to 5 counties targeting a population of 172,165 people.



#### Contingency and Response Plans

WHO supported in development of

- El Niño Contingency and Response Plan 2023-2024
- Rift Valley Fever Contingency Plan
- Cholera Response Plan
- Marburg Preparedness and Response Plan



#### Ebola Plan and Simulation Exercises

WHO supported

- Ebola simulation exercises that involved participants from regions at high risk of Ebola
- The development of an Ebola preparedness and response plan.



#### Bacterial Meningitis Elimination Plan

WHO supported in development of the National Meningitis Elimination Plan.



#### Established Kajiado County One Health Unit

WHO helped coordinated and participated in the

- Rapid Response Teams training on One Health as well as Integrated Case Management Trainings.



#### Risk Communication & Community Engagement

WHO helped develop

- National Cholera Risk Communication and Community Engagement Strategy.



Warehouse staff preparing tents to be shipped out to 15 High-Risk Counties in preparation for the El Niño rains. Other items included emergency medical kits, cholera kits, beds, and ready-to-use therapeutic foods and milk.

© WHO



## 2.1 Emergency Preparedness

# Integrated Disease Surveillance & Response

In 2023, WHO Kenya supported the scale-up and enhancement of integrated disease surveillance and response through the training of **236 sub-county health management team members** from 32 sub counties in 4 counties.



WHO's Dr Adam Haj looks with doctors and medical students at an immunization monitoring chart at Marsabit County Referral Hospital.

© WHO / Billy Miaron

# Monitoring and Evaluation

WHO conducted an **After Action Review of the cholera outbreak** from October 2022 to November 2023 as well as evaluation of SPAR reporting for 2022.



Attendees of the After-Action Review which included a wide range of technical experts and organizations who played a role in the cholera outbreak.

© WHO / Billy Miaron



## 2.1 Emergency Preparedness

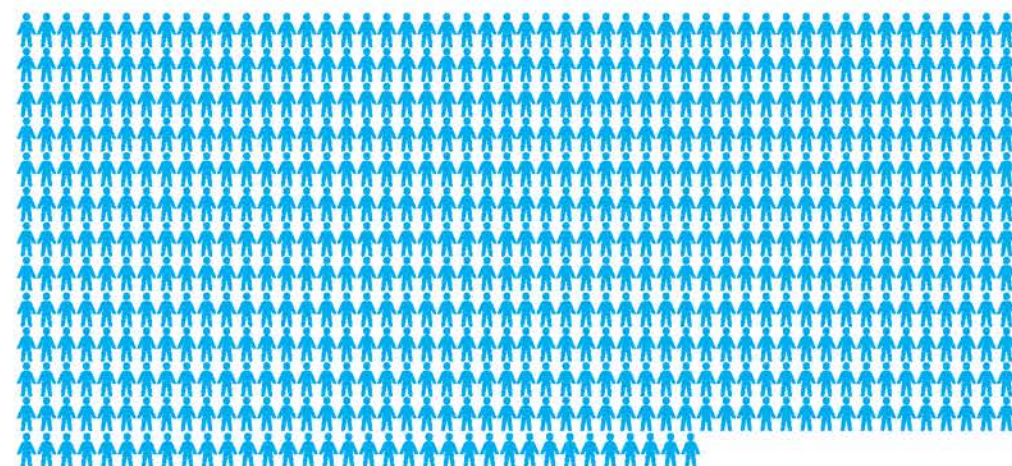
# Capacity Building and Human Resource Skill Development



**634** 

### Rapid Response Teams

Trained in **Viral Haemorrhagic Fever Rapid Response** (Ebola, Marburg, Yellow Fever, Rift Valley & Dengue Fever) at county and sub-county levels across 18 counties.



**236** 

### Health Care Workers

Trained on **integrated surveillance and case management** of from 32 Sub-Counties.



Diseases include cholera, malaria, rift valley, leishmaniasis, dengue fever & chikungunya.

**45** 

### Health Care Workers

s trained on **Cholera case management and surveillance**.



**18** 

### Community Promoters

Trained in **Water, Sanitation and Hygiene** from Dadaab Refugee Camp



**27** 

### Laboratory Officers

training on **enteric bacterial pathogen detection and confirmation**.



**36** 

### Stakeholders

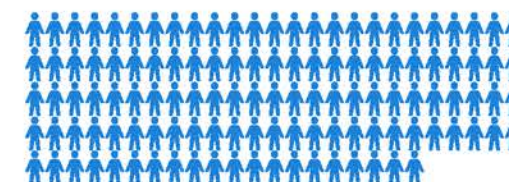
Attended County Nutrition Technical Forum



**120** 

### Health Workers

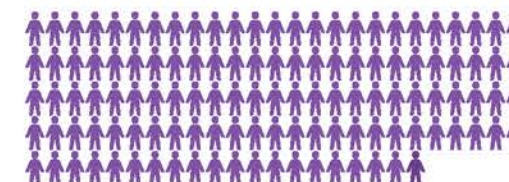
Trained on **Integrated Management of Malnutrition** from Isiolo, Marsabit, Wajir and Garissa counties.



**120** 

### Emergency experts

Trained in **African Volunteers Health Corps-Strengthening & Utilising Response Groups for Emergencies (AVoHC-SURGE)**.



**98** 

### Staff

From the national and 22 county Public Health Emergency Operation Centre, trained to enhance **public health emergency coordination**.



**50** 

### Facilitators

Trained on **multi sector risk communication** at trainer of trainee training.





# 2.1 Emergency Response

## Key Highlights



**CHOLERA**  
**Established Cholera Treatment Units and Oral Rehydration Points across cholera affected counties.**

**Image:**

On 2 August 2023, Jackton, a worker at the Cholera Treatment Unit (CTU) in Mama Lucy Kibaki Hospital, Nairobi, explains to Dr Mark Nanyingi of WHO how he mixes a measured amount of chlorine into water that he uses to clean the facility floors.

The CTU was set up as part of the ongoing response to a cholera outbreak which was first reported in Kenya in October 2022.

© WHO / Billy Miaron



RESPONSE

**Established Public Health Emergency Response and Coordination Hub in Garissa-targeting the Northern Corridor Counties.**



RESPONSE

**Deployed national Rapid Response Teams to 11 counties to conduct outbreak investigation for cholera affected counties.**



RESPONSE

**Supported mass screening for all children under five at county/sub-county levels in response to a deteriorating trend in nutrition status**



RESPONSE

**Training of 150 front-line Health Care Workers to enhance nutrition service provision.**



RESPONSE

**Established a Centre of Excellence in Garissa County Referral Hospital for the treatment of Severe Acute Malnutrition**



RESPONSE

**Deployed 6 WHO public health officers in counties to support coordination and response at county level.**



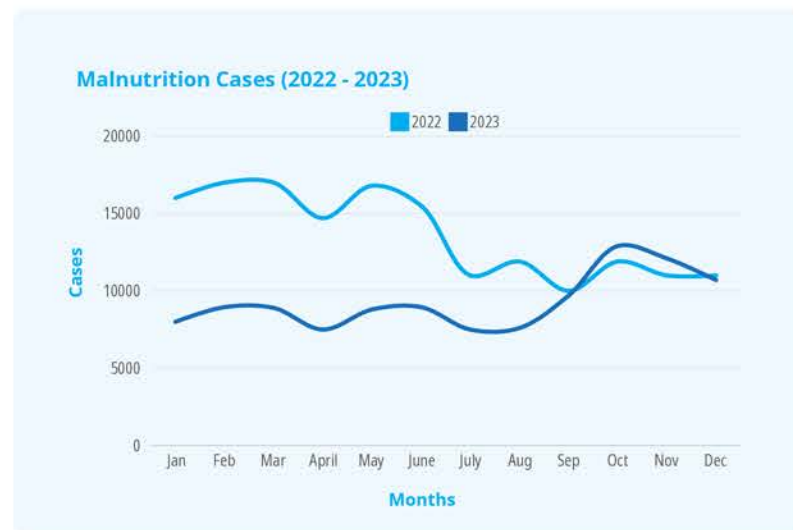
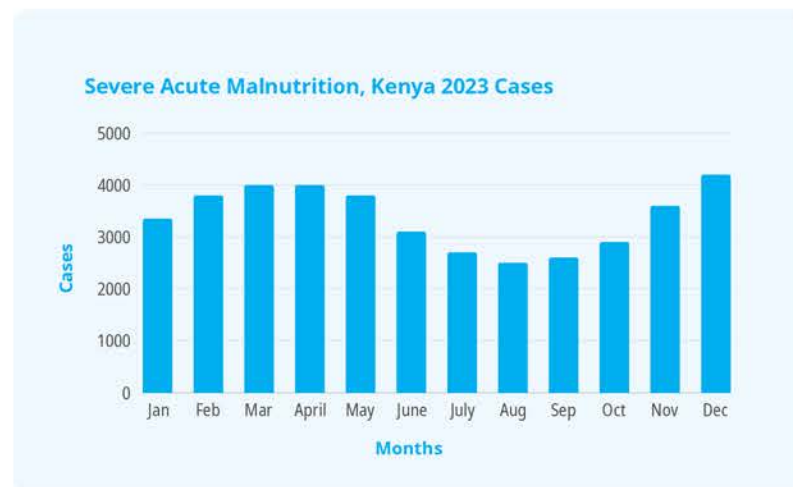
## 2.2 Emergency Response

# Drought, Food Insecurity and Health Risk

In 2023, Kenya grappled with its longest and most severe drought in recent memory, following five consecutive seasons of below-average rainfall. This environmental crisis has precipitated a sharp increase in humanitarian needs across the Arid and Semi-Arid Lands (ASAL) region, with an estimated **6.4 million people requiring assistance, marking a 35% increase from 2022**. This figure includes about 602,000 refugees and is the highest recorded need in at least a decade.

The drought led to crisis (IPC Phase 3) or emergency (IPC Phase 4) food insecurity levels across the ASAL region, affecting **3.5 million people in 23 counties**. The pastoral communities were hit particularly hard, with over 2.6 million livestock deaths significantly impacting food sources and nutrition, notably through decreased milk availability.

The situation is further compounded by poor harvests in agro-pastoral areas due to inadequate rainfall, leading to reduced income, higher food prices, and a reliance on less preferred food sources. The consequences of this include **heightened acute malnutrition** among children and pregnant or breastfeeding women, increased risks of gender-based violence, and a rise in communicable diseases amid deteriorating healthcare access. Despite some improvement following the short rains in the last quarter of 2023, the scale of the crisis remains, with many still facing acute food insecurity and the humanitarian response struggling to meet the escalating needs.



On 18 February 2023, Mahad walks away from a well in Lehele which residents say has been dry for 3 years. Access to clean water is a big challenge in Modogashe, which has been hard hit by the ongoing drought in the region. Many households have lost livestock, there is an increase in malnutrition, and the area has also been affected by an outbreak of cholera.

© WHO / Billy Miaron



## GARISSA COUNTY

## Renovation of Stabilisation Centre

WHO supported the renovation of Garissa County Referral Hospital with a stabilisation centre, aimed at strengthening its capacity to manage malnutrition cases among vulnerable children. The hospital will serve as a vital healthcare resource to the local healthcare system's response to cases of malnutrition in the region and contribute to improved childcare.



## 2023 Achievements



## Nutrition

- **Training of 150 front-line Health Care Workers** from Garissa, Wajir, Isiolo, and Marsabit to enhance nutrition service provision in the continuum of care.
- **Procurement of emergency essential nutrition supplies:** 5,000 cartons of Ready-to-Use Therapeutic Food (RUTF), 1,000 cartons of Formula 75, and 2,000 cartons of Formula 100 therapeutic milk.
- Empowerment of mothers with infants under 6 months to **protect, promote, and practice exclusive breastfeeding.**
- Establishment of a Community of Practice on Moderate Acute Malnutrition for children aged 6-23 months, focusing on **initiating age-appropriate complementary feeding and continued breastfeeding.**
- Outreach activities with Community Health Practitioners targeting children who started **re-lactating and complementary feeding in the Stabilization Center.**
- **Established a Centre of Excellence** in Garissa County Referral Hospital for the treatment of Severe Acute Malnutrition (SAM) with complications.
- Conducted **2 County Nutrition Coordination Technical Forums** which brought together all actors and stakeholders in the nutrition field to support the implementation of government priorities.



## Nutrition Surveillance and Information:

- **Mass screening for all children under five years** at county/sub-county levels in response to a deteriorating trend in nutrition status.
- **Support for weekly and monthly analysis of malnutrition trends** using data from the Health Information System at the county level for early warning.
- **Analysis of countrywide facility-based MUAC screening data** using the DHIS2 tool.
- **Collection of health services assessment data** to provide information on the availability of services, functionality, capacity, and barriers or boosters to service uptake.
- Continuous support for mother, infant, and young child nutrition (MIYCN) at Garissa County referral hospital.
- Continuous **supportive supervision to assess nutrition services** in Garissa County.



## HIGHLIGHT

# WHO handed over 8 new vehicles to the Government

On May 5, 2023, WHO handed over eight new refrigerated Land Cruisers to the Ministry of Health. These vehicles are specifically designed to maintain optimal temperatures for the safe transport of vaccines, preserving their efficacy during transit.

Each vehicle is equipped with a GPS tracking device for real-time remote monitoring, ensuring efficient and timely vaccine distribution.

This initiative aims to enhance immunization efforts in the county by facilitating the reliable transportation of vaccines





## 2.2 Emergency Response

### Heavy Rains: El Niño

El Niño, a climate phenomenon characterized by the warming of ocean surface temperatures in the central and eastern Pacific, significantly impacts weather patterns globally, including Kenya. In the last quarter of 2023, Kenya experienced pronounced effects from El Niño, manifesting as increased rainfall which led to flooding in several regions. These conditions not only disrupted lives and livelihoods but also heightened the risk of communicable diseases, posing a significant challenge to public health systems.

#### 2023 Achievements

- Supported the MoH to activate Emergency Operations Centres (EOC) across the country. These centres played a crucial role in coordinating responses to the crisis, facilitating the dissemination of critical health information, and ensuring that interventions were timely and effective.
- WHO supported targeted county health teams to escalate their response mechanisms including scaling up activities to counter rumors and alerts, enhancing surveillance for communicable diseases like acute watery diarrhoea, and intensifying case investigation and confirmation efforts.

- Infection prevention and control measures were fortified, and vaccination campaigns for cholera and measles were conducted, targeting the most vulnerable and affected populations.

- WHO assisted in operationalizing technical and managerial support for Enhanced Outreach Services. These services were tailored to address the immediate health needs included management of acute waterborne diseases and their referral to treatment centers, management of acute pneumonia and measles cases, and ensuring access to essential reproductive, maternal, and newborn health services.

- Provided technical support to the MoH to improve community awareness on flood-related health risks, employing communication strategies for disease prevention and early treatment.

- Efforts were intensified at health facilities and through outreach services to reach the most vulnerable, with community health workers playing a key role in disease prevention and management.



Heavy rains cause road to be cut off at Tula on the road from Garissa to Nairobi, November 2023.



© WHO



## 2.2 Emergency Response

# Case Management, Protection & Control

### 2023 Achievements

- 
 Deployed national Rapid Response Teams to 11 counties to conduct outbreak investigation and assessment of capacities for cholera affected counties.
- 
 Supported establishment of Cholera Treatment Units and Oral Rehydration Points across the country by distributing tents, treatments and infection protection control supplies in priority counties. In 2023, a total of 91 units were set up across 24 counties.
- 
 Supported the provision of essential Cholera response supplies to affected counties to strengthen case management. Supplies included emergency medical kits, cholera kits, tents, beds, and ready-to-use therapeutic foods and milk.



August 2023, Cholera Treatment Unit in Mama Lucy Kibaki Hospital, Nairobi. The unit served the areas of Embakasi and nearby sub-counties of Nairobi to help case management. Jackton, a worker at unit is captured carrying a mixture of water and chlorine that he uses to clean the facility floors.

© WHO / Billy Miaron





## 2.2 Emergency Response

# Coordination and Collaboration

### 2023 Achievements



#### Multi-sectoral coordination:

Supported the operationalisation of the national Public Health Emergency Operation Center (PHEOC) along with 22 sub-national PHEOCs. These centers are instrumental in orchestrating a unified and efficient response across various levels of government and sectors, ensuring rapid and effective action during health emergencies.

In addition, WHO supported technical working groups and committees at the national level who were tasked at to lead, guide and coordinate health emergencies such as the Marburg Virus Disease Taskforce.



#### Supported County Level Coordination

Deployed 6 WHO public health officers to be based in counties to support coordination and response to health emergencies at county level.



#### Incident Mangement System

Established a Public Health Emergency Response and Coordination Hub in Garissa to quickly respond to health emergencies in the Northern Corridor Counties.





## 2.2 Emergency Response

### Surveillance & Epidemiology

Surveillance systems play a crucial role in managing health emergencies, serving as the eyes and ears of public health. It enables early detection of health threats, facilitating timely intervention and preventing widespread transmission. Surveillance also provides critical data to inform decision-making, allowing health authorities and partners to allocate resources efficiently and tailor responses to the specific needs of affected communities. In emergencies, this system ensures that responses are evidence-based and strategically focused, enhancing the overall effectiveness of efforts to protect public health.

Laboratories are equally vital in the context of surveillance during health emergencies, providing the foundation for accurate diagnosis and disease monitoring. In Kenya, strengthening laboratory capacity is a priority including well-equipped, accessible laboratories with trained personnel. This includes ensuring laboratories have the capability to handle high-risk pathogens and are integrated into national and international networks for information sharing and response coordination. Together, robust surveillance and laboratory systems form the backbone of Kenya's ability to respond to health emergencies, safeguarding not just national but also global health security.

## 2023 Achievements



### Surveillance

- Supported the **strengthening of data management** related to disease surveillance and outbreak response across various levels by implementing a new line-list
- Supported the **active case searches** for cholera, measles and other outbreaks.
- Supported the development of **situation report, data analysis plans and outbreak data analytics** for cholera, measles and other outbreaks.
- Supported on-the-job training on **cholera culture and second-line drug susceptibility testing**, as well as hands-on training on enteric bacterial pathogens culture and second-line drug susceptibility testing.
- **The Global Task Force** on Cholera Control guidelines and Standard Operating Procedures for enteric bacterial pathogens culture and drug susceptibility testing were developed with support from WHO.
- Helped develop information products for **data collection and analysis** including daily line listing cleanup and analysis, a health incident response slide-deck and situational reports.



### Laboratory

- **2 sites in Garissa** supported environmental sampling for polio surveillance.
- **69 Laboratory officers** trained on enteric bacterial pathogen culture and drug susceptibility testing (**46 laboratory officers** from the Ministry of Health from 23 counties & **23 laboratory officers in the Dadaab and FAFI** refugee health facilities)
- **150 health workers** sensitized in Garissa and Wajir on cholera testing strategies and specimen collection, aligned with Global Task Force on Cholera Control guidelines.
- Global Task Force on Cholera Control Guidelines and Standard Operating Procedures disseminated to **23 counties** for enteric bacterial pathogens culture and drug susceptibility testing.
- **6,400 cholera Rapid Diagnostic Tests** distributed across 24 counties.
- **8 hospitals** in 7 counties had cholera transport media, culture, serotyping, and Drug Susceptibility Testing supplies delivered.
- **Weekly** laboratory surveillance tool was developed and is undergoing an internal review process.



## HIGHLIGHT

# 120 Rapid Responders Graduate from Emergency Training Program

Between April 20 and May 4, WHO Launched Phase II of Workforce Training in Public Health Emergency Response.

120 Kenyan rapid responders graduated from the Emergency Preparedness Response training, joining a pool of over 3,000 trained emergency responders across Africa. Those trained included experts in epidemiology, case management, disease infection, protection and control, sanitation and hygiene, communications, anthropology, surveillance, laboratory and more.

The training aims to prepare teams to response to emergencies within 24-48 hours of declaration using a whole-of-government approach that recognises the link between humans, animals and the environment.





## 2.2 Emergency Response

# Water, Sanitation, and Hygiene (WASH)

### 2023 Achievements



- Conducted hands-on training on water quality testing and monitoring for over 150 public health officers from 5 counties.
- Supported review and adaptation of data collection tools, training materials, and WASH indicators for 3 counties in the context of cholera.



- Supported the Ministry of health to develop comprehensive WASH strategies to guide interventions and mitigate the impact of cholera and drought.
- Supported the implementation of mapping and water quality assessment activities in cholera and drought-affected counties.

Image: © WHO



# Reactive Immunization Campaigns

### 2023 Achievements



#### Cholera - Oral Cholera Vaccination Campaign

WHO supported the Ministry of Health to conduct a reactive Oral Cholera Vaccination campaign in 9 sub-counties where 2.02 million people were vaccinated in February 2023 and 1.6 million were vaccinated in August 2023. Since the start of the Cholera outbreak in October 2022, it has spread to 28 out of 47 counties in Kenya, with a cumulative total of 12,545 cases and 207 deaths.



#### Polio

WHO supported the Ministry of Health to conduct 3 rounds of the polio vaccination campaign using nOPV2 with a successful coverage of 104.2 %. In 2023, 14 cases of Circulating Vaccine derived Polio virus type two (c-VDPV2) were confirmed in Garissa County.





## 2.2 Emergency Response

# Risk Communication & Community Engagement

Risk Communication and Community Engagement (RCCE) are pivotal during health emergencies, serving as fundamental strategies to ensure the dissemination of accurate, timely information and to foster trust between health authorities and communities. By engaging with communities directly, RCCE empowers individuals with the knowledge to protect themselves and others, facilitating the adoption of recommended health practices and reducing misinformation. This approach enhances community participation in emergency response efforts, ensuring that interventions are culturally sensitive and tailored to local needs.



### 2023 Achievements

- Development of **key messages on Health Emergencies** including Cholera and El-Niño.
- Strengthened the **National Risk Communication and Community Engagement Technical Working Group** to be better coordinated with more technical support to counties and partners.
- Strengthened the capacity of 10 national and 50 local **media communications organizations** to communicate accurately on Cholera and floods.
- **Strengthened and empowered 100 networks** of religious, traditional leaders, and traditional practitioners **in the fight against Cholera** and other epidemics in North Eastern.
- **Training of 1600 social mobilizers** during campaigns.
- Establishment and Strengthening of **Infodemics Committee** Ministry of Health.
- Support for **WHO Visibility** (content production, events, campaigns).



A community elder at a temporary camp in Modeka, Garissa County, addresses WHO staff and health workers from the Ministry of Health during an oral cholera vaccination campaign on scarcity of water.

© WHO / Billy Miaron



## Pillar 3

# HEALTHIER POPULATIONS

- 1 Nutrition
- 2 Environment
- 3 Tobacco-Free Farms

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# 1.1 Healthier Populations

## Key Highlights



### TOBACCO FREE FARMS

Tobacco free farms expand to an addition 3 counties where farmers are transitioning from growing tobacco to high-iron beans.

#### Image:

Farmer Reginald Omulo is one of many farmers in Migori county who is now farming beans and maize.

Like many farmers in Uriri Sub-county, Migori County, Omulo used to cultivate tobacco. But no longer.

He is now passionate about his family's shift to grow alternative crops, confident that their hard work will be the foundation for a brighter future for themselves and their community.

© WHO



### NUTRITION

WHO Kenya provided technical support for the development of Kenya Nutrition Action Plan 2023 - 2028.



### NUTRITION

WHO supported capacity building programme on Promoting Healthy Diets and Physical Activity in Kenya.



### CLIMATE CHANGE

WHO worked closely with health ministers to ensure health was a central agenda during the Africa Climate Summit in Nairobi.



### AIR POLLUTION

WHO coordinated partners in a workshop on the status and effects of household air pollution in Kenya.



### ONE HEALTH

Kajiado County launched a One Health Unit to improve surveillance at the between humans, animals, and the environment.



### ONE HEALTH

66 people were trained on the One Health Strategic Plan for the Control of Zoonotic Diseases from counties high-risk of Ebola.



### 3 Healthier Populations

## Tobacco Free Farms

Tobacco-Free Farms is a joint UN initiative of the World Health Organization (WHO), along with the World Food Programme, the Food and Agriculture Organization of the United Nations (FAO), UN Capital Development Fund (UNCDF) and the UN Convention to Combat Desertification (UNCCD), supported by the Secretariat to WHO FCTC and other UN Partners and in collaboration with Ministries of Health and Agriculture.

The initiative supports countries in creating an enabling and supportive crop production and marketing ecosystem to help farmers shift from tobacco growing to alternative livelihoods. This support enables farmers to stop tobacco-growing contractual agreements and switch to alternative food crops that will help feed communities instead of harming their health, with confidence that a long-term market exists.

In Kenya, about 36,000 farmers produce tobacco leaf on around 15,000 acres of land, primarily in western Kenya and mostly in Migori. Evidence shows that tobacco farmers consistently experience higher rates of poverty than non-tobacco farmers. In addition more than 6,000 Kenyans die from tobacco-related diseases every year.

Today, Kenya is leading the way through its Tobacco-Free Farms. Transitioning to more sustainable crop such as high iron beans which so far has greatly improved the health of farmers, increased school attendance among children, and improved the environment.

To date, the project in Kenya has successfully supported close to 1700 farmers, covering nearly 1500 acres of land, to make the switch. Over 620 tons of the high-iron beans have been sold to date, excluding the pending current harvest.

### 2023 Achievements



#### Tobacco Farm Expansion

After success in Migori county, WHO supported the scaling-up of Tobacco Free Farms in three more counties namely Busia, Bungoma and Meru after success in Migori County. In addition, WHO supported creating the Policy Brief, Tobacco Free Farms: Transitioning tobacco farmers to Alternative livelihoods.



Reginald Omulo is one of 2000 farmers who switched from farming tobacco to high-iron beans in Migori County.



## HIGHLIGHT

### Grow Food, Not Tobacco

Building on its resounding success in Migori County, western Kenya, the "Tobacco-Free Farms" project, is now gearing up to extend its transformative impact to other tobacco-growing counties including Meru and Busia.

The innovative project which is a collaborative initiative between WHO, WFP, FAO, and the Kenyan government, empowers tobacco farmers to transition to sustainable crops like high-iron beans.

It also offers training, quality inputs, and a dependable market through WFP's local procurement initiatives. Beyond bolstering farmers' livelihoods and reducing healthcare expenses, it profoundly enhances community health.





### 3 Healthier Populations

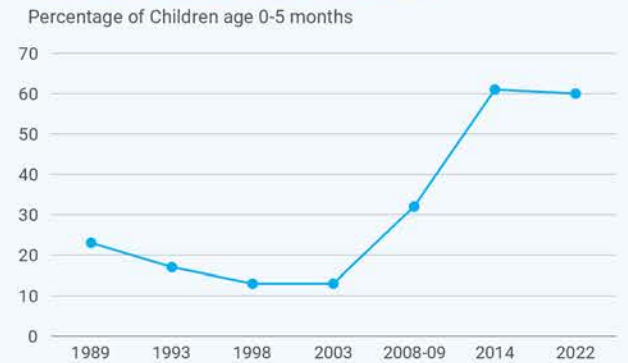
## Nutrition

Kenya grapples with the complex challenge of undernutrition, overnutrition, and micronutrient deficiencies, marking a triple burden on its healthcare system. Encouragingly, the country has made strides in addressing malnutrition, with stunting rates among children under five decreasing from 26% in 2014 to 17.6% in 2022. However, a marginal increase in wasting levels from 4% in 2014 to 5% in 2022 has been observed, likely linked to the severe drought that lasted from 2020 to 2022, the worst the country has seen in four decades.

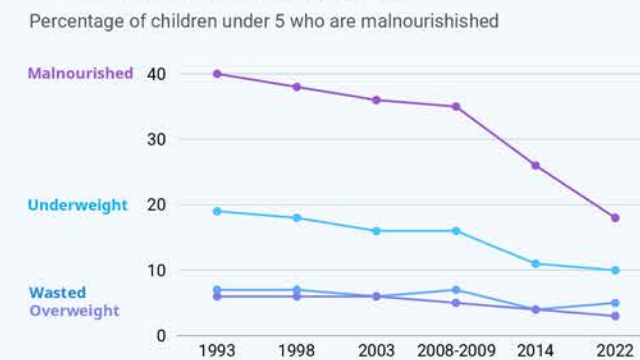
In Kenya, unhealthy food consumption is of concern. Nearly 26% of infants and children 6-23 months consumed unhealthy foods, including foods that are high in sugar, salt, or unhealthy fats increasing the risk of dental caries and childhood obesity.

In response, initiatives strengthening essential nutrition actions for maternal, child, adolescent, adult, and elderly care through the life course were implemented such as baby friendly hospital initiative, guidelines and trainings on management of acute malnutrition and promotion of healthy food consumption and physical activity by the MoH, UN agencies and implementing partners. Additionally, WHO Kenya, the Ministry of Health (MoH), and various partners have supported legislation, like the Breast Milk Substitutes Act of 2012, enhancing the implementation score of the International Code from 69% in 2020 to 82% in 2022, further contributing to the nations nutrition improvement efforts.

**Trends of Exclusive Breastfeeding**



**Trends in Child Growth Measures**





## Nutrition

### 2023 Achievements



#### Quality of Care for Severe Acute Malnutrition

WHO facilitated the capacity building through training and mentorship for over **300 health care professionals on the management of acute malnutrition**. Additionally, WHO has rehabilitated and equipped a stabilization center for in-patient care of severely malnourished children, providing essential medical equipment for respiratory support and growth monitoring.



#### Kenya Nutrition Action Plan 2023 - 2028

In 2023, WHO Kenya provided ongoing technical support for the development of Kenya Nutrition Action Plan 2023 - 2028. The action plan is an evidence-based five-year strategic plan that promotes cross sectoral collaboration to ensure optimal nutrition for all Kenyans.



#### Nutrition in Emergencies Support

In 2023, WHO Kenya donated 5000 cartons, worth Ksh 26 million of ready-to-eat food to the MoH to support 10,000 severely malnourished children as well as educating mothers on age-appropriate feeding. The food aimed to benefit malnourished children in drought affected counties where children become sick more easily and sick children become more easily malnourished. (Page x for more).



#### Promotion of Healthy Diets and Physical activity

WHO supported the strengthening of regulatory and fiscal capacity building programme on Promoting Healthy Diets and Physical Activity. This is to address unhealthy diets and physical inactivity which are risk factors for the development of noncommunicable diseases. Additionally, WHO supported capacity strengthening for the development, implementation, and enforcement of regulatory actions to eliminate industrially produced Trans Fatty Acids and the development of sodium reduction targets.



#### Acute malnutrition guidelines

WHO Kenya provided ongoing support to dissemination of the new WHO guidelines for prevention and management of acute malnutrition and subsequently supporting the development of national guidelines, training tools. The guidelines are aimed to assist health workers through existing health facilities and successfully prevent and treat acute malnutrition, to contribute towards reducing the under-five mortality rate due to acute malnutrition.



WHO supported the renovation of Garissa County Referral Hospital with a stabilisation centre, aimed at strengthening its capacity to manage malnutrition cases among vulnerable children.



## 3.2 Environment

# Climate Change

Kenya's susceptibility to the adverse effects of climate change, particularly in the health sector, is significantly influenced by an interplay of political, geographic, and social dynamics. **The country's ranking at 152 out of 181 in the 2019 ND-GAIN Index underscores its vulnerability to the impacts of climate change.** This vulnerability is manifested through frequent natural disasters, predominantly floods and droughts, which are directly linked to extreme climatic events. These disasters not only bear substantial socio-economic costs, but also pose a grave challenge to public health placing a heavy burden on its healthcare system.

Kenya is at a heightened risk of health-related issues as a result of climate change. Diseases such as malaria, Rift Valley fever, cholera, and other waterborne diseases, alongside malnutrition, are identified as primary health concerns in the face of changing climate conditions. The incidence of heat stress, respiratory illnesses due to air pollution, vector-borne diseases, and food-borne diseases are expected to rise, impacting the health and wellbeing of the Kenyan population.

The Kenyan government is actively addressing the health sector's vulnerability to climate change by conducting climate vulnerability and risk assessments (page 00). These efforts aim to understand the impact of climate variability on health, enhance public awareness of climate health risks, and implement surveillance and monitoring for climate-related diseases. Despite these initiatives, there's a pressing need for

greater integration of climate considerations into health programs and increased training for healthcare workers and the public to prepare for climatic disease threats.

### 2023 Achievements



#### Africa Climate Summit

WHO Kenya participating in the Africa Climate Summit in Nairobi, which concluded with the Nairobi Declaration. WHO worked closely with health ministers and stakeholders in the region to ensure that health is a central focus within the climate agenda, advocating for the prioritization of health concerns.



#### Emergency Preparedness Response

WHO Emergency Preparedness Response and the Greater Horn of Africa units engaged with climate-sensitive health issues throughout the year including drought and flooding. Activities included working to counter the consequences of malnutrition, respond to disease outbreaks, and ensure that essential health services can continue. (Page 00)



Fatuma and her daughter walk home with a container of water during the 2023 drought in Garissa County.

"There is no water. You can see the situation of the kids. Cholera is causing diarrhea and vomiting. One of my daughters was affected and spent seven days in bed. Most of the kids here were affected. Our water is from the water pans and the water there is dirty. There are no fruits or vegetables here. Our kids are also malnourished."

© WHO / Billy Miaron



## 3.2 Environment

### Air Pollution

Air pollution is a grave environmental threat and a leading global cause of premature deaths. Household air pollution (HAP), is significant contributor and leading cause of morbidity and mortality. This happens when individuals, mainly women, are exposed to harmful pollutants – solid fuels (wood, crop waste, coal, charcoal) and kerosene - resulting in about 3.2 million premature deaths each year globally.

In Kenya, 44 million people lack access to clean cooking solutions (World Bank, 2022). Wood fuel is the primary cooking fuel used by 75% of Kenyan households (Kenya Clean Cooking Sector study, 2019). About 40,000 schools, 15,000 health facilities and other institutionalized facilities like prisons rely on solid fuels, primarily firewood and charcoal, for year-round cooking. More than 90% of the rural population depends on polluting fuels.

#### 2023 Achievements



##### Workshop

WHO coordinated partners in a workshop on the status and effects of household air pollution in Kenya. Stakeholders resolved to work collectively and amplify the effectiveness of initiatives aimed at mitigating the health effects of HOAP. WHO is assigned to establish and provide overall coordination of a multisectoral platform of action involving all Kenya stakeholders in HAP in Kenya.



A Kenyan woman cooks with wood, her pot resting over a traditional “three stone fire,” while smoke fills the inside of her home. In rural Kenya, more than 95% of the population uses wood gathered from local forests for cooking fuel.

© UN Foundation / Alex Kamweru



## 3.2 Environment

# One Health

One Health represents a holistic and collaborative framework aimed at optimizing the health of people, animals, and our shared environment. This approach is crucial for the prevention, prediction, detection, and response to global health threats, including pandemics like COVID-19. By fostering cooperation across various sectors, disciplines, and communities, the One Health approach encourages the generation of innovative solutions that address the root causes of health issues, leading to sustainable outcomes. It involves key sectors such as public health, veterinary science, and environmental science, making it particularly relevant for addressing issues related to food and water safety, zoonoses, pollution management, and antimicrobial resistance. The WHO One Health Initiative collaborates with global partners including the Food and Agriculture Organization (FAO), the United Nations Environment Programme (UNEP), and the World Organisation for Animal Health (WOAH) to promote a unified response to health threats at the human-animal-environment interface.

### 2023 Achievements



#### Training

Training of 66 individuals on the One Health Strategic Plan for the Control of Zoonotic Diseases targeted participants from government and research institutions in counties at high risk of Ebola due to their close proximity to Uganda.



The training aimed to strengthen the prevention, detection, response, and control of priority zoonotic diseases in humans and animals, and included Ebola outbreak simulation exercises led by WHO, FAO, MoH, and supported by partners including USAID Kenya.



#### One Health Unit Launch

Launch of a One Health Unit in Kajiado County to improve surveillance at the between humans, animals, and the environment. The MOH Kenya's Zoonotic Diseases Unit will offer technical support to this initiative. The unit's experts have identified priority areas including Brucellosis, Anthrax, Rift Valley fever, Q fever, and Antimicrobial Resistance, as well as tackling issues like snake bites, climate change, and food safety.



#### Pandemic Fund Application

WHO Kenya provided technical support and operational leadership to the Ministry of Health in the development of a multisectoral proposal for the World Bank Pandemic Fund. This ambitious proposal seeks to enhance Kenya's surveillance and early warning systems, strengthen laboratory capabilities, and build a One Health workforce capacity at the human-animal interface.



Human Health



Environmental Health



One Health

Animal Health





## Part 4

# ENABLING FUNCTIONS

- 1 Resource Mobilisation
- 2 External Relations & Partnerships
- 3 Leadership
- 4 Financial Management
- 5 Human Resource Management
- 6 Logistics & Operational Support

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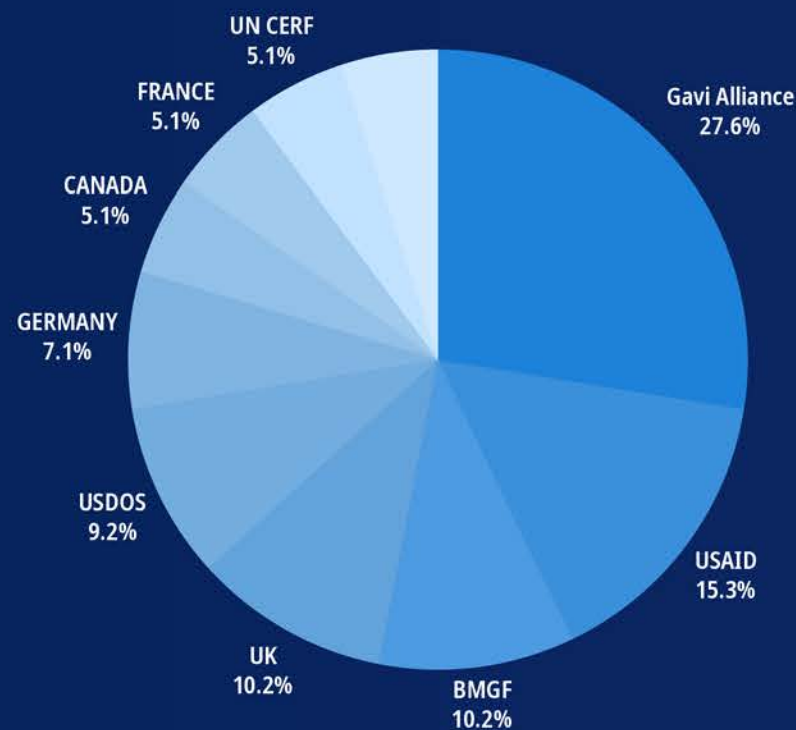




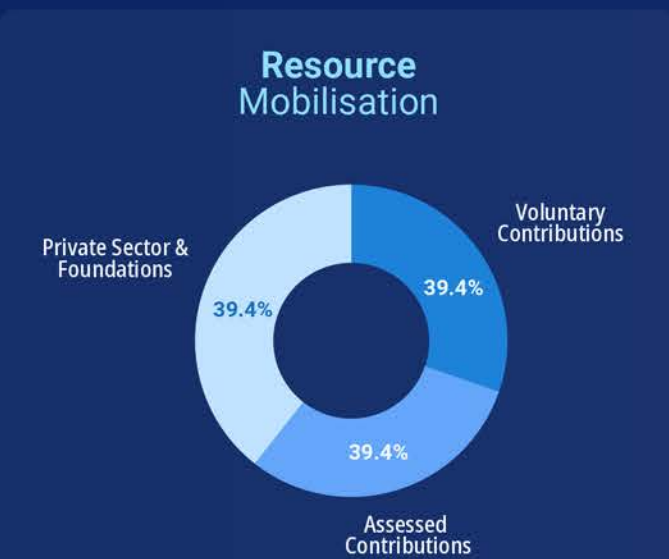
# 4.1 Enabling Functions

## Key Highlights

Top 10 Donors 2023



**FINANCIAL MANAGEMENT**  
 Approximately \$38.7 million was mobilized during the reporting period whereby 96% of total available funds were utilized.



**EXTERNAL RELATIONS & PARTNERSHIPS**  
 WHO hosted a **Partner Roundtable Event** to celebrate health milestones achieved in collaboration with partners over the past 60 years.



**EXTERNAL RELATIONS & PARTNERSHIPS**  
 WHO Kenya handing over **8 operational vehicles** to the Ministry of Health.



**HUMAN RESOURCE MANAGEMENT**  
 There were a total of **66 recruitments** carried out in 2023.



**OPERATIONAL SUPPORT AND LOGISTICS**  
**\$720,000 worth of goods** were moved to 17 key priority counties in response to cholera outbreak and readiness for El Nino rains.



**LOGISTICS**  
 WHO Kenya introduced **2 electrical vehicles** in 2023 which have covered 7,000 kms.



**LOGISTICS**  
**860 transport booking requests** were facilitated to support emergencies and programmatic field implementation.



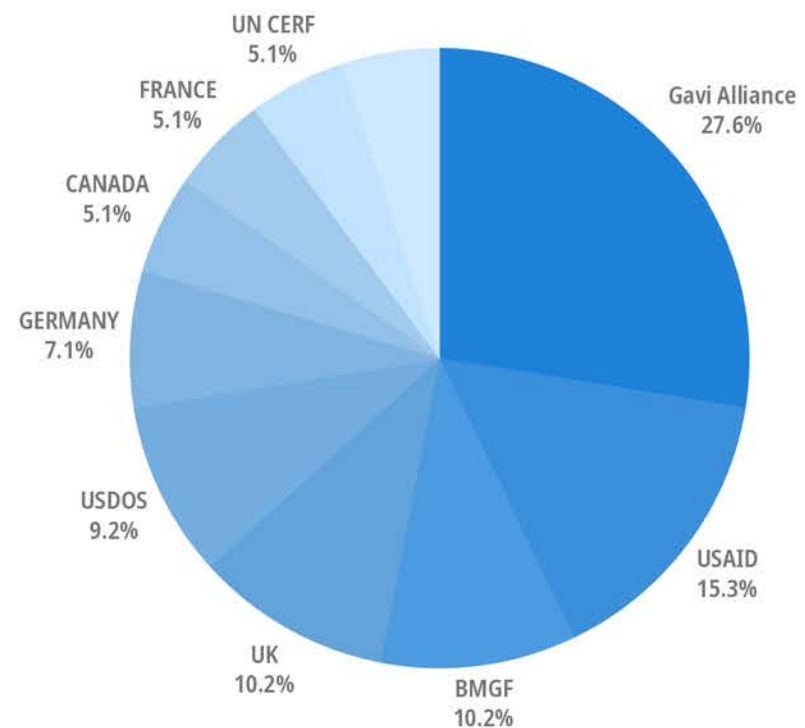
## 4.1 Enabling functions

# Resource Mobilization 2023

While Member States remain WHO Kenya's main sources of funding, WHO Kenya is engaging and partnering with a multitude of actors in supporting the Government of Kenya through the Ministry of Health to implement its national health agenda for the people of Kenya through the implementation of Universal Health Coverage.

To achieve this, WHO Kenya has been working in collaboration with different stakeholders, including the private sector and philanthropies to strengthen engagement and build partnerships with different stakeholders. This proven ability of WHO Kenya to diversify its donor base reduces the risk of depending on few sources of income. In addition to strengthening its relationship with key donors such as USAID, FCDO, JAPAN, GERMANY, EU and UNOCHA, WCO is actively partnering with the GCC states, BMGF and GAVI, demonstrating a great capacity for outreach with different categories of partners.

Top 10 Donors 2023



## Resource Mobilization

Assessed Contributions  
**54%**



Voluntary Contributions  
**20%**

Private Sector & Foundations  
**26%**



Lilian Mutea from USAID chatting with Abraham Katana from CDC at the WHO Kenya Partnership Roundtable Event.  
© WHO



## HIGHLIGHT

### Partner Roundtable Event

Partner support for our work in Kenya is critical, however, some key priority areas remain underfunded. More direct support to WHO Kenya would allow us to respond to needs in the country. It would allow WHO technical staff to spend more time on providing support to the government and working towards SDG targets.

Reorienting funds to where they are most needed, guided by GPW13, would allow WHO to address underfunded areas as well as plan for longer term approaches to health systems strengthening. A big thank you to our key “thematic funders”.

The funds our partners provide give a degree of flexibility that allows WHO to be more effective and efficient in allocating funds and to focus on results for our joint priorities.





## 4.1 Enabling functions

# External Relations & Partnerships

WHO Kenya engaged with member states' Embassies to share information and appraise partners about its activities.



WHO Country representative meeting with **Amb. Khalid Alsalman of Saudi Arabia**



WHO Country representative meeting with the **Deputy Amb. Of the Netherlands**



WHO Country representative meeting with **H.E. Joshua Irungu, Governor of Laikipia**



WHO Country representative meeting with **H.E. Joseph Ole Lenku, Governor of Kajiado**



WHO Country representative handing over **8 operational vehicles to the Ministry of Health**



WHO Country representative meeting with **Amb. Dr Khalifa Mohamed AlRayssi, UAE**



WHO External Relations Officer George Ndahendekire with **Amb. Firas Khouri, Jordan**



WHO Country representative meeting with **H.E. Amb. Jabor bin Ali Hussein, State of Qatar**



## 4.1 Enabling functions

### Leadership

The WHO Kenya country office demonstrates effective leadership, emphasizing strategic elevation and organizational reform to enhance effectiveness. Under this leadership, WHO operations in Kenya are elevated to a strategic level, fostering impactful reforms aimed at maximizing effectiveness.

Key initiatives include the establishment of leadership meetings within the country to guide technical teams on service delivery. These regular engagements with senior leadership from the Ministry of Health ensure alignment and collaboration towards common health goals.



Furthermore, the WHO country office actively engages with Development Health Partners in Kenya, fostering partnerships and collaboration to amplify the impact of health interventions across the country.

Through visionary leadership and strategic engagement, WHO in Kenya is driving meaningful change and advancing towards improved health outcomes for the population. This proactive approach underscores WHO's commitment to leading transformative reforms and fostering partnerships that benefit public health in Kenya.

WHO takes the lead in shaping health outcomes within the UN cooperation framework, driving initiatives aimed at advancing public health objectives. Regular interaction with development partners and active participation in UN Country Team (UNCT) meetings further solidify WHO's role in fostering collaboration and alignment with broader development goals.

Through strategic coordination and active engagement, WHO in Kenya plays a pivotal role in promoting collective action and maximizing impact across various sectors. By leveraging partnerships and facilitating cooperation, WHO continues to spearhead efforts aimed at improving health outcomes and advancing sustainable development in Kenya.



WHO Representative to the Republic of Kenya, Dr. Abdourahmane Diallo talking at the Ministry of Health during tablet handover.  
© WHO / Genna Print



## 4.2 Financial, Human and Administrative Resources

### Financial Management

Approximately US\$38.7 million was mobilized during the reporting period against US\$78 million approved Program budget. As shown below, most of the resources mobilized were in response to declared emergencies during the biennium distributed under Pillar 13. Of the total available funds, 96% has been utilized, and where applicable the process to carry over balances to 2024 initiated.

Awards undistributed resulted from funds to be carried over 2024-25. The major challenge during the year was ad-hoc Travel requests and uncleared PMDS due to various reasons resulting to unfavorable Key Performance Indicators.

The salary work plan is fully utilized with all staff's salaries covered being biennium end.

Budget implementation as of 31 December 2023

Category	Allocated Budget	Planned Costs	Funds Available	Utilization	Balance of Funds Available	% Utilization vs Funds Available
01	10,582,546	10,171,802	7,160,350	7,551,356	-391,006	105%
02	5,144,381	5,127,867	3,966,863	3,679,018	287,845	93%
03	10,843,121	5,445,553	2,159,066	2,225,523	-66,457	103%
04	5,098,315	5,046,092	4,482,976	3,739,087	743,889	83%
10	5,552,000	5,552,000	5,344,459	4,579,148	765,311	86%
13	36,676,450	17,382,948	14,594,415	14,283,172	311,243	98%
50	2,121,630	1,780,000	998,425	1,032,825	-34,400	103%
<b>Grand Total</b>	<b>76,018,443</b>	<b>50,506,262</b>	<b>38,706,554</b>	<b>37,090,128</b>	<b>1,616,426</b>	<b>96%</b>

Administrative Key Performance Indicators as of 31 December 2023

Category	Award Distribution	Funding & Utilization	Salary Risks	PMDS	Travel	DI	Grant LOA	Donor Reports
Budget Center	Undistributed as % of Total Funds Available	Utilization as % of distribution	No. of Months Covered by Balance in Salary Workplans	Average Compliance Rate	Average Compliance Rate	Overdue DI Reports	Overdue Grant LOA Reports	Overdue Reports Due
Kenya	14%	96%	0	24%	35%	0%	0%	0%





## 4.2 Financial, Human and Administrative Resources

# Human Resource Management

### Summary of the recruitments carried out in 2023

Programme/Unit	No. of Recruitment	Contract Type
EPR Programme (EPR Surge List for Cholera Outbreak)	21	Special Services Agreement
UCN Cluster - MDA	9	Special Services Agreement
UCN Cluster - Polio Campaign	11	Special Services Agreement
UCN Cluster - NPOs	3	Special Services Agreement
District Health Cluster - EPI	11	Special Services Agreement
Consultants – National & International Consultants	11 (4 International & 6 Local)	Consultants

For the year 2023, there was significant increase in the recruitment of non-Staff due to the Cholera Outbreak in March 2023, Mass Drug Administration (MDA) and the Polio campaigns in Aug & Sept 2023. The HR unit supported the massive recruitments and there was increased workload within the unit due to the many activities on-going within the country office. The country office also experienced over 10 staff deployments to support the various activities.

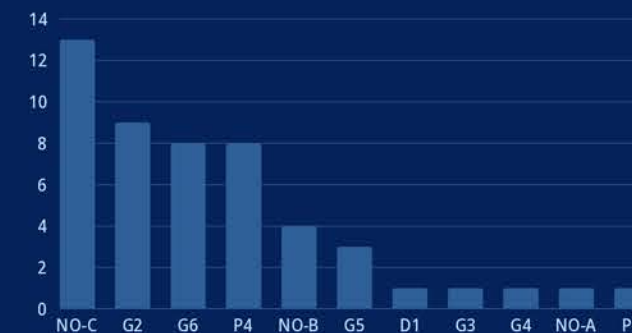
### Position Status by Type

Grade	Occupied	Vacant (Expired)	Total
G	22	12	34
NPO	18	12	30
P and Above	10	6	16
<b>Grand Total</b>	<b>50</b>	<b>30</b>	<b>80</b>

Started in 2022, the implementation of the Functional Review recommendations continued through 2023 and 7 positions were filled, 2 of which included the Multi Country Assignment Teams (MCAT) position.

As of end of 2023, the table below shows the occupied positions and the vacant position

### Position Status by Grade & Position Status



By the end December 2023, we had 4 separations of longer-term staff due to retirement and for 1 staff, it was as a result of the function review implementation as his position was not matched.

### Achievements

- The HR unit successfully completed all the non-staff recruitments under very tight deadlines and the recruited staff were onboarded immediately to support the on-going activities.
- Apart from the recruitments, the HR unit supported all other HR staff queries and provided support.
- From the functional review recommendations, seven positions were filled, and staff onboarded.

### Key challenges

- Delayed implementation of the functional review which was caused mostly by lack of funding and hence most positions still remained vacant.
- Another key challenge was the understaffed HR unit with only 2 staff; 1 on fixed term and the other staff is an SSA holder with limited rights. Therefore, this caused delays at times due to the large number of staff and increased activities.

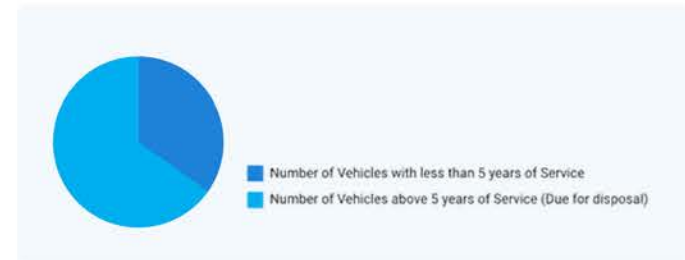




## 4.2 Financial, Human and Administrative Resources

# Logistics

Total Number of Vehicles	23
Number of Vehicles with less than 5 years of Service	8
Number of Vehicles above 5 years of Service (Due for disposal)	15



### 1 Fleet Renewal in 2023 - Vehicles Acquisition and Disposal

The Country Office has a fleet of 23 vehicles, out of these number 16 vehicles have attained over 5 years of service, with the oldest vehicles being 17 and 16 years old. The Country Office has started the process of fleet renewals by disposing old vehicles and acquiring new ones.

Out of the 8 vehicles with less than 5 years of service, five vehicles were purchased in the year 2023 giving a renewal proportion of 22% since 2007. At the same time, 4 vehicles having served for 17, 15, 14 and 11 years respectively are planned for disposal in 2024.

### Vehicles Marked for Disposal

NO	REG NO.	Make/Model	Year of Manufacture	Years of Service
01	41 UN 31K	Toyota L/Cruiser	2007	17
02	41 UN 38K	Toyota L/Cruiser	2009	15
03	41 UN 49K	Toyota L/Cruiser	2013	11
04	41 UN 30K	Toyota Hilux D/Cab	2010	14



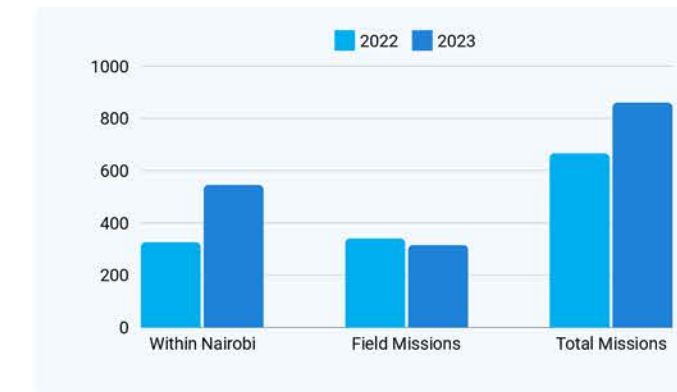
### 2 Increased Usage of Electrical vehicles

The introduction of two electrical vehicles and their increased usage in 2023 has seen in total the electrical vehicles covering 7,000 kms. This has led to the reduction in pollution, maintenance and fuel costs.

## Truck Delivering Supplies

### Transport Booking Requests

	Within Nairobi	Field Missions	Total
2023	545	315	860
2022	326	340	666



### 2.Transport Facilitations in the Year 2023

A total of 545 transport booking requests (TBS) within Nairobi and 315 for field missions were facilitated to support the emergencies and programmatic field implementation activities such as:

- 1.Cholera Out breaks
- 2.Polio Campaigns
- 3.Drought and Floods
- 4.Tobacco Control
- 5.Mass Drug Administration
- 6.Malaria vaccine activities

Due to an upsurge of emergencies in 2023, the transport requests facilitated increased by 29% from the previous year as shown in the table below.



Truck unloading supplies at the Ministry of Health, Nairobi.  
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## 4.2 Financial, Human and Administrative Resources

### Operational Support

The concept of Operational Support and Logistics (OSL) is to support the the Emergency Preparedness and Response (EPR) cluster to procure and also distribute essential health commodities across the republic of Kenya. OSL moved goods across 17 major counties that were worst hit by the cholera outbreak and in readiness of the El Nino rains in the year 2023. Goods worth \$720,000 were donated to these 17 key priority counties.

OSL through the logistics Hub warehouse has readily available case management items and tools that can be directly dispatched to outbreak prone areas without a short period to help safe of between 1 to 3 days.

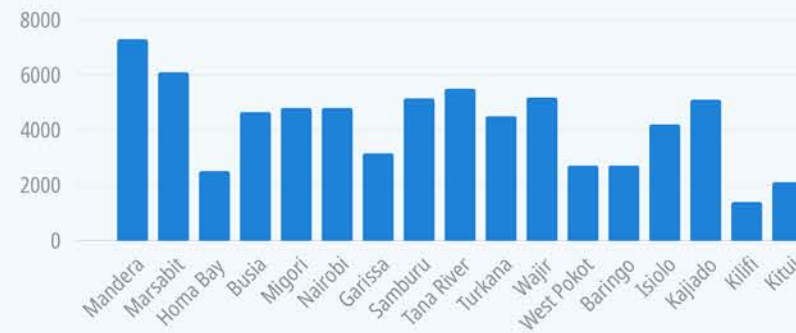
OSL works with WCO management, Afro OSL, HQ OSL and the WHO hubs in regards to Supply Chain Management.

The developed EPR procurement plan for 2022/2023 and beyond made the commodities to be procured in good time and goods to be readily available.

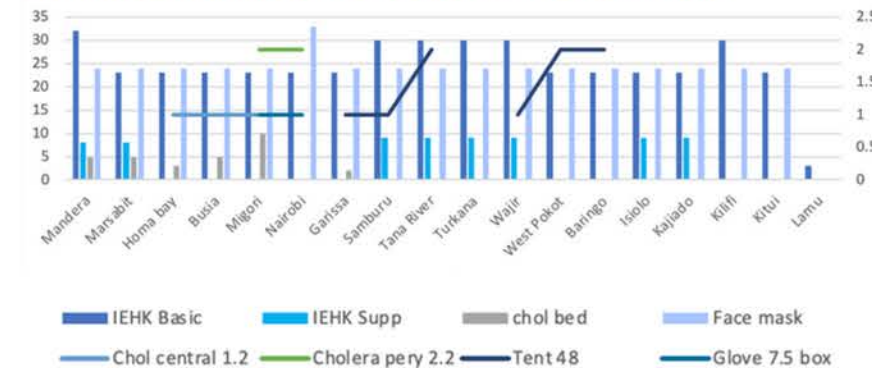
In 2022, procurement worth US\$12.2 million was initiated for WHO's Emergency Preparedness and Responses (EPRs) across the country.

OSL dispatched supplies for emergencies across the country:

Total Weight Kg distribution



Quantity Distribution Of IPC and Case Management Tools





## 2024-2025

# Resource Estimates As of April 2024.

### BUDGET ESTIMATE

**Grand Total**  
**\$42,399,040**



33.4% of the total budget has been raised so far.  
\$28,228,801 funding gap

### SUPPORT US

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+254 758.438522

George Ndahendekire  
External Relations/Resource Mobilization Officer



### HEALTHIER POPULATIONS

**\$8,486,720**



8% of budget raised so far.  
\$7,815,824 funding gap



### HEALTH EMERGENCIES (INCLUDING POLIO)

**\$14,822,998**



23% of budget raised so far.  
\$11,434,153 funding gap



### UNIVERSAL HEALTH COVERAGE

**\$13,108,241**



60% of budget raised so far.  
\$5,188,695 funding gap



### ENABLING FUNCTIONS

**\$5,981,081**



37% of budget raised so far.  
\$3,790,129 funding gap



# Acknowledgement

As we reflect on 2023, we extend our **heartfelt gratitude to our partners and donors** for your vital support. We look forward to strengthening our collaboration and to continue working towards our shared goal to champion health and a better future for all.







# We champion health and a better future for all.

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