

EMERGENCY PREPAREDNESS RESPONSE NEWSLETTER



JULY 2025 - DECEMBER 2025



CONTENTS

	Foreword from WHO OIC	2
	Kenya's First Mpox Vaccination Campaign	3
	Kenya Rolls Out Oral Cholera Vaccination	9
	Health Workers Trained to Improve Care Refugees and Migrants	14
	Cross-Cutting Health Highlights	18
	Sensitising Community Health Promoters In Dadaab	22
	WHO Hands Over Emergency Medicines, Medical Supplies, Equipment and Ambulances Worth USD 2.3 Million to Kenya	26
	Strengthening Kenya's Infodemic Management Systems	28
	Preparedness Activities Highlights	
	Kenya Costs National Action Plan for Health Security	30

Cover Photo: A vaccinator during the Oral Cholera Vaccination campaign in Narok County which reached 239,341 people.

MESSAGE FROM THE WHO KENYA OFFICER IN CHARGE

Kenya continues to face complex and overlapping public health threats that demand strong systems for early detection, rapid response, and sustained preparedness.

This edition highlights key milestones led by the Ministry of Health, with support from WHO Kenya and partners, to protect vulnerable populations and strengthen national health resilience.

Kenya completed its first mpox vaccination campaign, deploying 10,700 doses and reaching 10,697 people in high risk populations across Mombasa, Busia and Nakuru. Since 2024, the country has confirmed 863 mpox cases and 13 deaths.

In Narok County, a reactive oral cholera vaccine campaign successfully reached hard-to-access communities in Transmara West and South, vaccinating 239,341 people. The response combined vaccination, surveillance, risk communication, WASH interventions, and the establishment of cholera treatment units, reflecting a fully integrated outbreak response model.

Kenya also strengthened services for refugees and migrants. In Garisssa County, frontline health workers were trained on WHO Global



Competency Standards. This improved culturally sensitive and people-centred care in refugee and migrant settings, while community health promoters in Dadaab refugee camp enhanced their capacity to detect and respond to vaccine-preventable diseases.

At national level, Kenya costed the second-generation National Action Plan for Health Security (2026–2030), strengthening multisectoral coordination for future health threats.

In November, WHO Regional Director for Africa Dr Mohamed Janabi presented USD 2.3 million in emergency medicines, medical supplies, equipment and ambulances to President William Ruto. The handover demonstrates Kenya's progress in strengthening a responsive and equitable health system.

Sustained investment in emergency preparedness and response remains essential to strengthen health security for all.

Dr. Adiele Onyeze, WHO Kenya Officer-in-Charge

In Numbers: Mpox Outbreak



As of 23rd November 2025



For more **information**

863

Cases confirmed

14 new cases were reported in the past week from 6 counties



522

Cases recovered

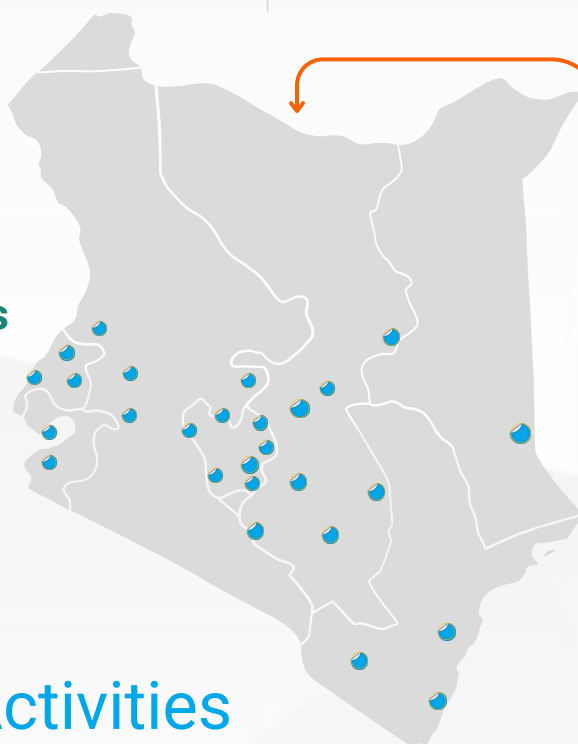
254 under home based care and 74 in facility admission



34 /47

Counties with confirmed cases

Since the beginning of the outbreak in 2024



26 /47

Counties that have reported cases

in the past six weeks

ONGOING Reponse Activities

- Active case search
- Contact tracing
- Risk communication and community engagement activities
- Case management
- Regular coordination meetings through the national public health emergency operations centre

13



Deaths

1.4 % Case Fatality Rate

7.4M



Travellers screened for mpox from 2024-2025

across 26 key entry points to Kenya including land borders, airports and sea ports.

1,376



Contacts have been listed

- Completed follow up: 1,141
- Contacts confirmed cases: 16
- Currently on follow up: 219

10,697

People Vaccinated

In a 10-day vaccination campaign



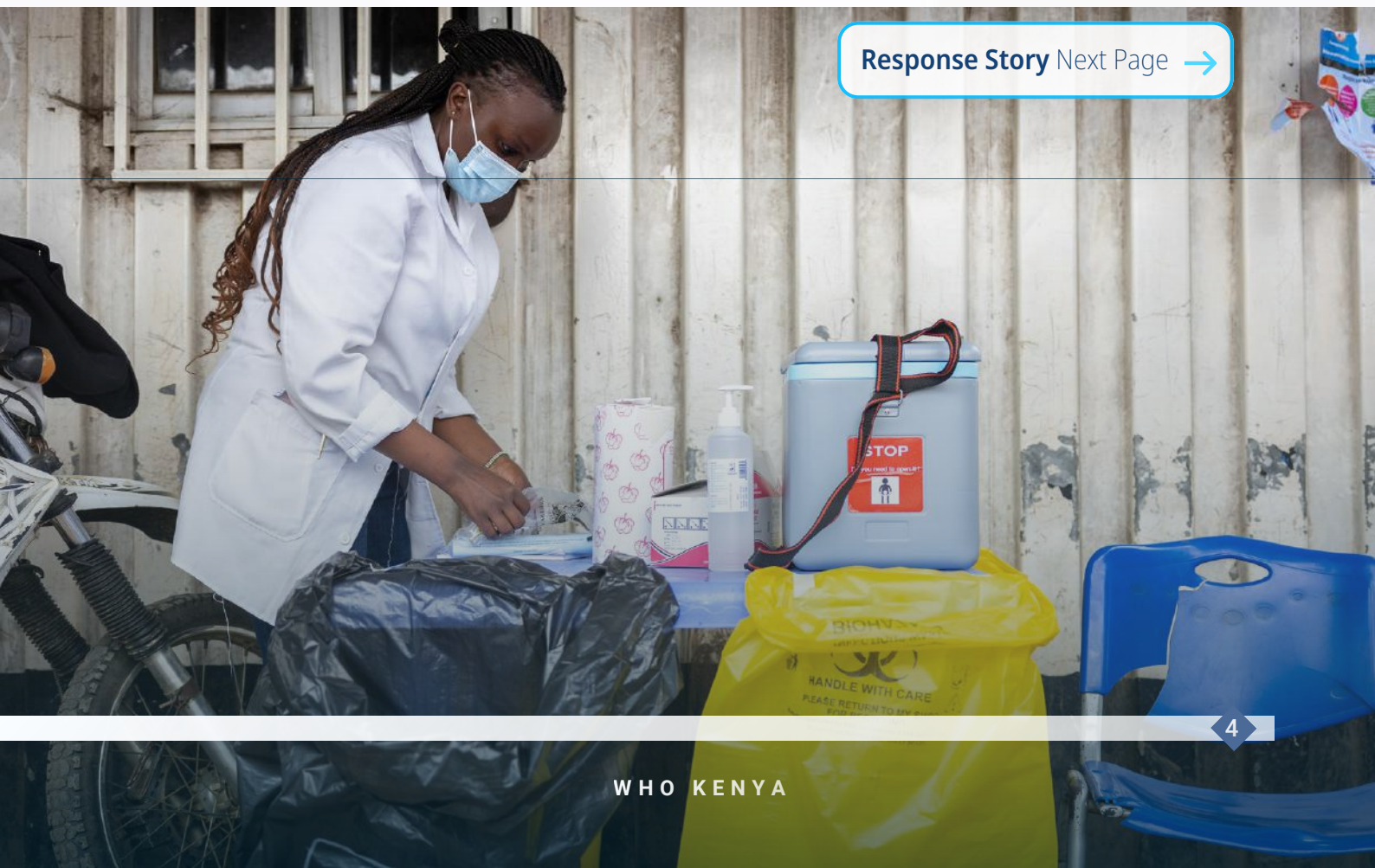
3

Counties Vaccinated

Narok, Mombasa and Busia due to high risk population



[Response Story](#) Next Page →





Over 10,000 People Reached in Kenya's First Mpox Vaccination Campaign

© WHO | Ardo Farah



September



Carried out Ministry of Health with support of WHO, Kenya Red Cross, UNICEF, North Star Alliance and others.

Kenya implemented its first mpox vaccination campaign receiving **10,700 doses of the MVA-BN vaccine** and successfully vaccinating **10,697 people** across three counties Mombasa, Busia and Nakuru. The campaign targeted high-risk counties and key populations in identified priority counties.

The campaign marked a major step forward in Kenya's mpox preparedness and response efforts. Since the first case was reported in 2024, the country has confirmed **863 cases** and **13 deaths**, representing a case fatality rate of 1.4%, underscoring the urgency to strengthen prevention and control measures.

In response, preparation began weeks before the first vaccine was administered. Across the three implementing counties, **about 90 nurses, vaccinators, surveillance officers and sub-county health teams were trained on mpox vaccination procedures**, eligibility criteria and community engagement.

Ahead of the launch, WHO Kenya joined county officials, local leaders and community representatives for sensitisation meetings. Discussions focused on community mobilisation through barazas, transport arrangements for mobile groups, and inclusive outreach to ensure equitable access for all target populations.

The campaign prioritised truck drivers, sex workers, frontline health workers and high-risk contacts of confirmed cases, who are more exposed due to high mobility and close contact.

Community engagement was central to the success of the campaign. Strategies including door-to-door visits, community dialogues and outreach sessions were used to raise awareness in targeted areas. Information, education and communication materials were distributed to support consistent messaging.

Stakeholders, including local leaders, transport operators and community health volunteers, were mobilised, and multilingual materials were shared to ensure inclusive reach. These activities strengthened risk communication and community engagement, improved vaccine acceptance, and enhanced early identification and reporting of suspected cases.

In ten days, the campaign demonstrated what preparedness looks like in practice, with trained teams, strong data systems, clear communication and community trust. From truck drivers at border points to nurses in isolation wards, each group played a role in translating response plans into real protection for communities.

This achievement was made possible through coordinated efforts of partners, including The Ministry of Health, UNICEF, Amref, Médecins Sans Frontières (MSF), North Star Alliance and others, who supported logistics, data management, social mobilisation and operational delivery.





Kenya's first mpox campaign **in Pictures**



Vaccinator

Mercy Wangeshi, Mombasa County

"Our job is to treat everyone with dignity, to show them they're not alone." Mercy got vaccinated before her post as an act of solidarity. "It protects me and shows commitment to those I serve."



Health Promotion Officer

Ellen, Nakuru County

"Community engagement made all the difference, local leaders and health volunteers helped us reach people who might otherwise have been missed."



Nurse

Denise Thuranira, Nakuru County

"The community responded well, with no resistance," said Denise Thuranira, a nurse with North Star Alliance. "Social mobilisation and coordination made a great impact."



Mpox Survivor | Peer Educator
Jerusha Waithera, Nakuru County

"Mpox affected me and my family. That is what pushed me to talk to people and make sure they are aware of this illness," she said. During the vaccination campaign, Jerusha shared her story to encourage uptake.



County Health Official
Jomvu Sub-County, Mombasa

"People didn't have to come to us we went to them." Initial monitoring revealed low turnout at static facilities. From 2:00 p.m to 9:00 p.m., vaccinators set up at truck stops, container yards, roadside bars and hospital shift handovers.

Data Infographic



Here you will find **key data** on campaign impact and the distribution of information, education and communication materials.

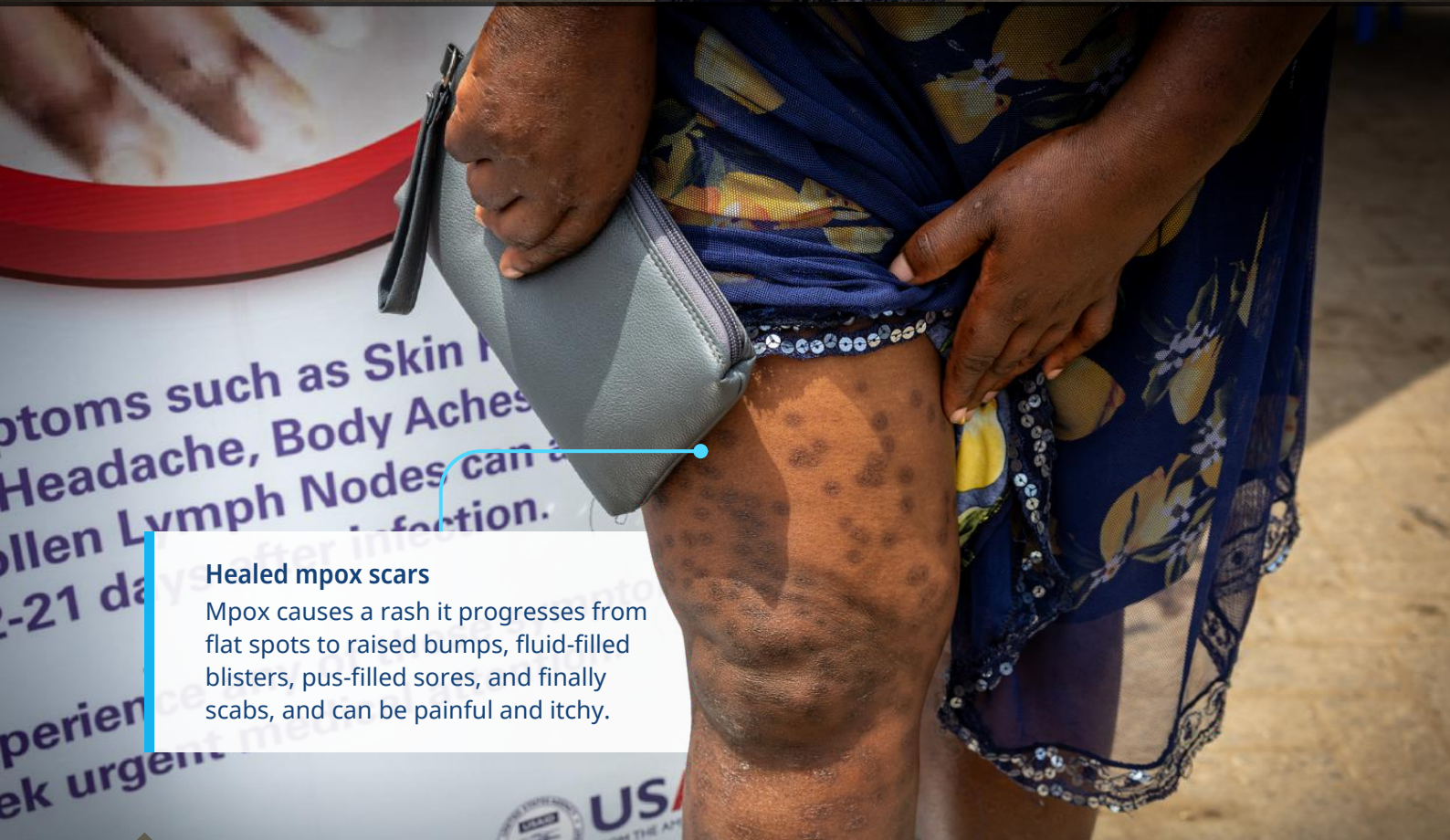
[Click Here](#)



On the ground
Mpox Survivor | Peer Educator

Jerusha Waithera has been instrumental in educating individuals about the effects of mpox in Mahi Mahiu.

© WHO | Ardo Umar Farah



Healed mpox scars

Mpox causes a rash it progresses from flat spots to raised bumps, fluid-filled blisters, pus-filled sores, and finally scabs, and can be painful and itchy.

Key populations most at risk of mpox transmission. This included truck drivers, sex workers, health workers in isolation facilities and high-risk contacts of confirmed cases.



© WHO | Ardo Umar Farah

Vaccination tents were set up in strategic locations, and vaccinators also conducted door-to-door outreach to reach communities beyond fixed sites.



© WHO | Ardo Umar Farah



In Mombasa County, isolation and case management were implemented at Utange, where suspected and confirmed mpox cases were safely managed under strict infection prevention and control measures.

© WHO | Nancy Okwengu



In Numbers: Cholera Outbreak



As of 23rd November 2025



[For more information](#)

241

Cases Reported

67% men, 33% men



241

Cases Recoverd

No patient is in admission, all discharged



3 /47

**Counties With
Confirmed Cases**

Counties include
Nairobi, Narok and
Migori

6

Deaths

2.5% Case Fatality
Rate

239,341



Vaccinated Against Cholera

in **Narok County** first reporting county achieving
an **administrative coverage** of **93.7%**

WHO continues to support the county and partners strengthen:

1. Case management, and infection prevention and control
2. Case detection, active case search and analytics
3. Health education and risk communication and community engagement
4. Water quality testing and monitoring

On the Ground

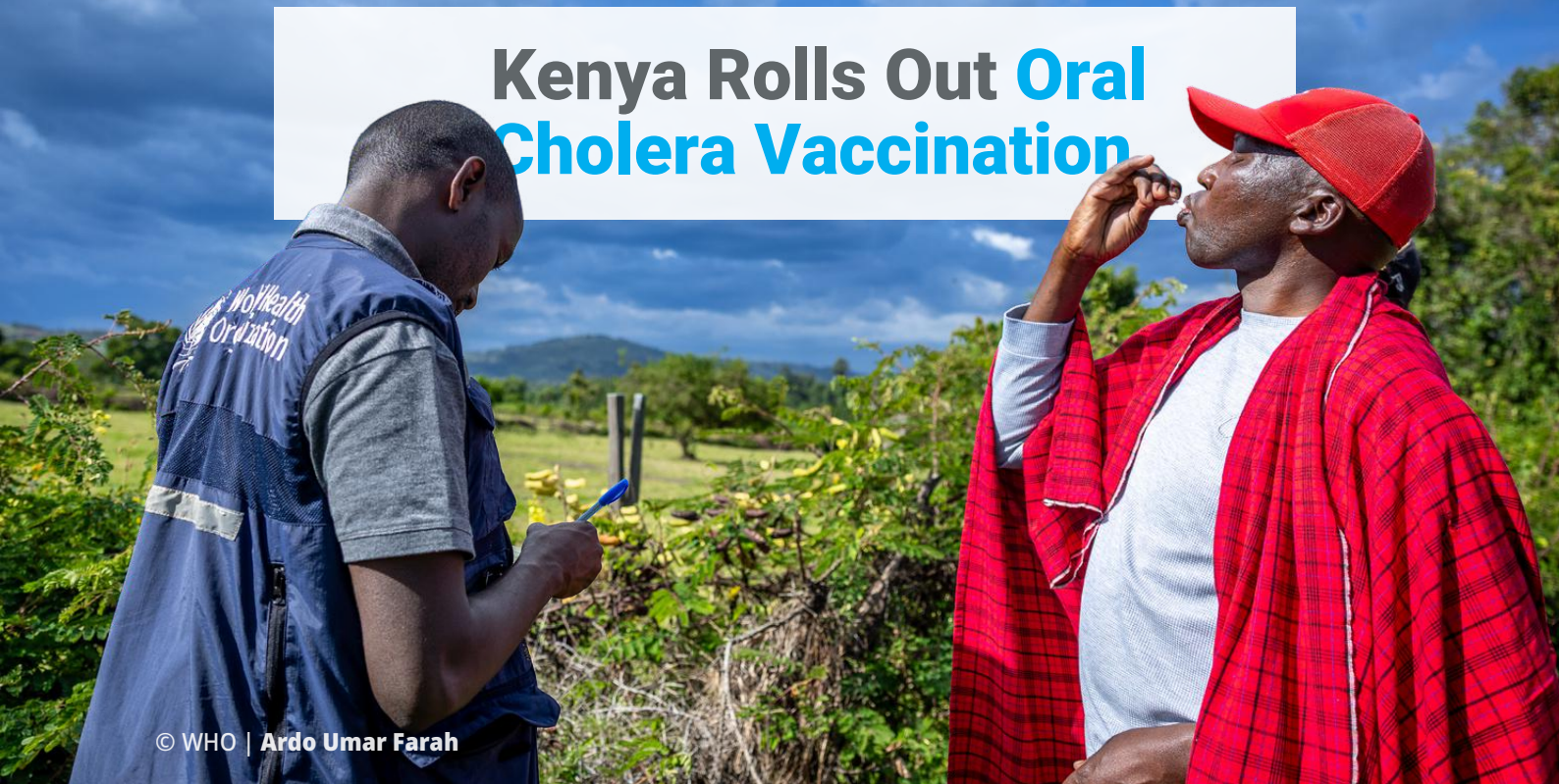
129 Teams

Each equipped with two vaccinators and a community health promoter.

Getting to hard-to-reach areas to ensure no one is left behind

Story Next Page →

Kenya Rolls Out Oral Cholera Vaccination



© WHO | Ardo Umar Farah



November



Ministry of Health, Narok County Government, MSF, WVK, Kenya Red Cross, UNICEF, with support of WHO.

Narok County has successfully implemented a reactive oral cholera vaccine campaign, reaching high-risk and hard-to-access communities in Transmara West and Transmara South sub-counties.

A total of 239,341 people were vaccinated, an administrative coverage of 93.7 %. The campaign targeted residents aged one year and above to interrupt transmission and strengthen outbreak preparedness. Led by the Ministry of Health and Narok County Government, with support from WHO, KNPHI, Kenya Red Cross Society, and Médecins Sans Frontières East Africa, the response combined vaccination with hygiene promotion, community engagement, surveillance, clinical care, and WASH interventions.

Alongside vaccination efforts, cholera treatment units were established in Transmara West and South, with operational support from Kenya Red Cross and MSF, providing rapid case management and strengthening infection prevention and control. WHO supported the response by strengthening case management, active case search, surveillance and data analytics, risk communication and community engagement, and water quality testing and monitoring.

This coordinated response highlights the impact of strong partnerships, timely action, and community trust in protecting lives and reducing the burden of cholera.



Oral Cholera Vaccination Campaign Narok County **in Pictures**



Clinicians at the treatment unit provided care to 2 month old Gershom, who is fully recovered after several days at the Cholera Treatment unit supported by Kenya Red Cross.



Cholera Treatment Units provide rapid rehydration, medical care, and infection control to treat and contain cholera cases.



The first suspected cholera cases in Narok County were identified in informal **gold-mining settlements**. Close working quarters, shared water sources, and limited sanitation made these areas particularly vulnerable to infection.



Teams marked doors of houses to help identify which families have been reached and where follow-up is needed.



Many households in Transmara West and South sit deep in valleys or high on steep ridges, requiring vaccinators to climb up and down rugged paths for hours at a time.

Kilgoris, Narok County Kenya
© WHO | Ardo Umar Farah



After vaccination, each person receives a vaccination card to record their dose and confirm coverage.





Narok County's response shows what it takes to stop transmission. Click the links check out more stories.

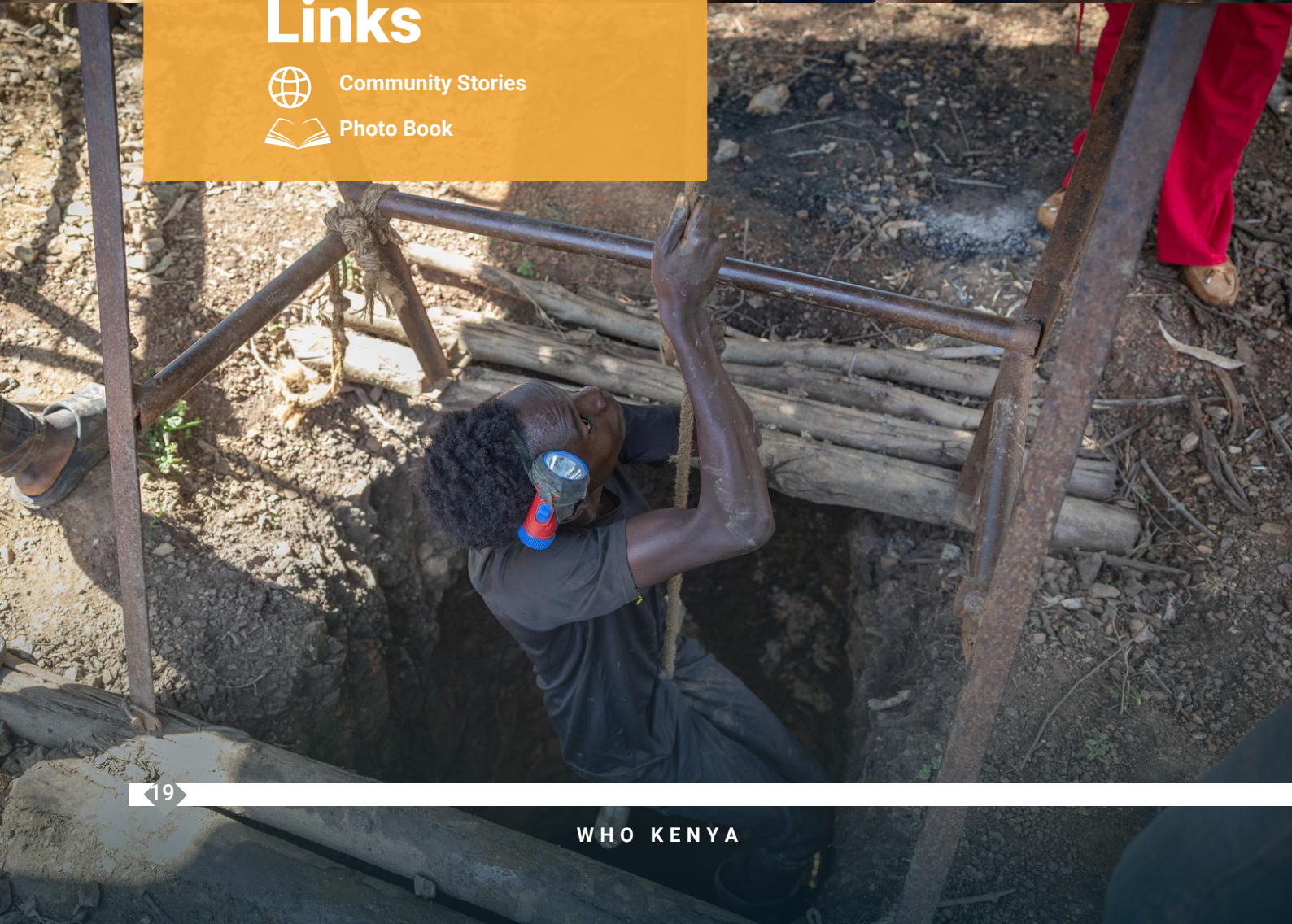
Links



[Community Stories](#)



[Photo Book](#)



During the campaign teams engaged miners with information on hygiene and water safety while promoting vaccination to reduce risk. The response helps miners protect themselves and their families even in difficult working conditions.

📍 Gold Mines



Lolgorian, Narok County Kenya
© WHO | Ardo Umar Farah

Health Workers Trained to Improve care for Refugees and Migrants In Garissa County



© WHO | Ardo Umar Farah

 October



The Ministry of Health, County Government
of Garissa with support of WHO

Garissa County a host to over 430,000 refugees and migrants continues to face unique health challenges driven by mobility, language barriers and limited access to essential services.

To strengthen health systems and ensure no one is left behind, the Ministry of Health, WHO Kenya, and partners trained 25 frontline health workers and 25 county and partner managers on the **WHO Global Competency Standards for Health Workers from 29 September to 3 October 2025.**

The training aimed to equip health providers with the knowledge, skills and behaviours needed to deliver people-centred, culturally sensitive, and evidence-informed care to refugees and migrants across Dadaab and neighbouring sub-counties.

Participants were drawn from **facilities serving Hagadera, Ifo 1, Ifo 2, and Dagahaley refugee camps, as well as Dadaab, Fafi, and Hulugho sub-counties.** These are the front-line teams who interact daily with displaced families seeking vaccination, maternal health, and outpatient services in some of Kenya's most resource-stretched settings.

Health workers completed case studies, role-plays and the WHO Academy e-learning course, earning certificates and open digital badges. Sessions were facilitated jointly by WHO Kenya, the Regional Office for Africa and WHO Headquarters, led virtually by Professor Giorgi Pkhakadze.

“Refugees and migrants are not one group,” **Professor Pkhakadze reminded participants.** “Their needs differ by age, gender and experience. Competent care means adapting to these realities with empathy, knowledge and collaboration.”

The training, the first of its kind in Kenya, marks a milestone in localizing WHO’s Global Action Plan on promoting the health of refugees and migrants. For many participants, it reshaped how they view patient care. “Communication is a key pillar,” **shared Angela Makena, a Kenya Red Cross midwife in Dadaab.** “When I approach clients with kindness and clarity, they feel understood and that changes everything.”

WHO’s Refugee and Migrant Health Officer, Abdiwahid Noor, explained how these competencies make a real difference: “They enable health workers to simplify complex medical information, collaborate with interpreters and cultural mediators for respectful dialogue, and use visual aids to ensure understanding. That is what people-centred service looks like.”

Dr Adam Haji, WHO District Health Systems Officer, highlighted the deeper impact: “Technical ability alone isn’t enough. This training builds self-awareness and sensitivity the soft skills that turn knowledge into trust.”

All participants agreed on a common goal: expand the programme to Kakuma, scale it to community health workers, and embed the competencies into county supervision frameworks. With Garissa’s growing population and limited resources, such capacity-building ensures that every interaction between a health worker and a displaced person is guided by respect, clarity and compassion. “Health care must start with understanding,” **said Dr Haji.** “That is how systems become truly people-centred.”





Health care workers training in Garissa County **in images and video**



Participants received certificates at the close of the WHO Global Competency Standards training, recognising their commitment to improving health services for refugees and host communities across Dadaab and neighbouring sub-counties.



The standards and accompanying WHO Academy e-learning course are open to all health professionals seeking to strengthen their capacity to provide quality, inclusive care for refugees and migrants.



Majid Mohamed – Assistant Director of Public Health and Border Coordination

"We often focus on established camps, yet many refugees enter through informal crossings. These competencies must reach border points where the first contact happens."



Dr. Aden Hussein – County Director of Health, MOH Garissa County

"This training opened my eyes to how interpreters, cultural sensitivity and clear messages can transform care. We must now cascade this knowledge to frontline workers serving communities every day."



Meeting to Strengthen Cross-Border Immunization and Surveillance



November



MOH, WHO, GPEI partners and more

The national Ministry of Health and the counties of Lamu, Garissa, Wajir and Mandera, with support from WHO and partners, convened a joint inter-county cross-border health coordination forum in Wajir. The meeting reviewed immunization and surveillance performance across the porous Kenya–Somalia border and assessed progress, challenges and innovations from 2024/2025.

Over three days, national, county and sub-county teams worked with GPEI partners and NGOs to strengthen cross-border surveillance, improve coordination and plan priority actions for 2026. A panel discussion highlighted partner roles in enhancing routine immunization, outbreak detection and joint response for mobile and hard-to-reach populations.

Cross-border coordination is essential for stopping outbreaks before they spread bringing Kenya and Somalia teams together strengthens surveillance, immunization and rapid response along high-risk.

© WHO / **Selam Fesseha**



Health Care workers Workshop on Vaccine-Preventable Diseases



September



KNPHI, WHO and More

Across Kenya, training on surveillance for vaccine-preventable diseases has now reached 44 sub-counties, marking significant progress in building frontline health capacity. A total of 308 sub-county officers have been equipped to lead detection, investigation, and response to potential outbreaks.

Complementing this effort, 10,560 health workers from health facilities, averaging 240 per sub-county, have been trained to enhance disease surveillance with a particular focus on polio, measles, tetanus, and Mpox. These trainings aim to improve the timeliness and accuracy of disease reporting, enabling faster action when outbreaks occur.



Strengthening surveillance at every level ensures Kenya can detect and respond to outbreaks faster, protecting communities before diseases spread.

© WHO | **Nicolò Filippo Rosso**



Sensitising Community Health Promoters In Dadaab Refugee Camps



© Abdifatah Kahin
Hagadera refugee camp



August



The Ministry of Health, Garissa County Government, WHO and UNHCR

Between 26 and 29 August 2025, **120 community health promoters** from across the Dadaab refugee camps completed training on surveillance of vaccine-preventable diseases and routine immunization. The exercise was led by the Garissa County Government, with support from WHO, UNHCR, and health partners.

The training aimed to build the capacity of community health promoters to detect, report, and respond to disease outbreaks, while improving access to immunization services for refugees and host communities. County and sub-county health teams facilitated the sessions, combining technical expertise in surveillance, data quality, and community engagement.

Community health promoters are often the first to identify health events and link households to care.

“This workforce is our eyes on the ground,” **said Ali Amin, Head of Preventive and Promotive Health in Garissa County.** “Building their capacity ensures faster detection and reporting of priority diseases.”

Dadaab’s dense population, limited sanitation, and frequent cross-border movement make it particularly vulnerable to outbreaks of cholera, measles, polio, dengue, and chikungunya.

Garissa County government is implementing primary health care and establishment of the community units in refugee camps will enhance these efforts towards achievement of universal health coverage.

Strengthening community surveillance is therefore essential to protecting lives and preventing the spread of disease. Partners also highlighted the importance of countering misinformation and increasing confidence in vaccines.

Dr. Arthur Chweya, Medical Coordinator for International Rescue Committee (IRC) overseeing health services in Hagadera refugee camp said,

“consideration of the refugee camps for the sensitization is timely as the team is in the progress of establishing community health strategy and this well-built team will be able to manage increased misinformation about vaccines safety and vaccine hesitancy in the camps.”

Across the Dadaab complex, 455 community health promoters currently serve in Hagadera, Dagahaley, Ifo 1, and Ifo 2 camps. Their role in household visits, health education, and referral continues to strengthen primary health care delivery and advance progress toward universal health coverage.



Surveillance officer for Ifo refugee camps
Zeytun Osman

“This team are instrumental in conducting health awareness in the camps, conduct household visits, identify new arrivals, and refer children for immunization services.”



Supervisor for CHPS in Ifo refugee camps
Khalid Aden

“The training has equipped us with new knowledge on routine immunization and surveillance, motivating us to work harder while strengthening community engagement.”





Hamisi County Referral Hospital, Vihiga County Kenya
© WHO | Ardo Umar Farah

WHO Hands Over Emergency Medicines, Medical Supplies, Equipment and Ambulances **Worth \$2.3 Million to Kenya**



© WHO | Genna Print



November



WHO, Ministry of Health and Government of Kenya

The World Health Organization handed over **critical medical supplies and equipment valued at over USD2.3 million to the Government of Kenya at State House, Nairobi**, marking a significant investment in strengthening the country's health infrastructure and emergency response capacity.

Presenting the comprehensive package, WHO Regional Director for Africa Dr. Mohamed Janabi described the moment as more than a handover, stating that "This is more than a transaction; it is a testament to partnership, purpose and the power of collective action." He emphasized that each ambulance, oxygen cylinder and emergency kit represents lives saved and health workers empowered when every minute matters.

The handover included **14 fully equipped ambulances for advanced life-support and maternal health services**, strengthening the National Emergency Ambulance Service Centre and the 999 emergency response system.

WHO also provided **233 medical oxygen cylinders and nearly 3,000 emergency medical supplies and equipment** to enhance frontline preparedness and rapid response to health emergencies.

In addition, **the package included 6.5 million Neglected Tropical Diseases medicines and 952 reproductive and maternal health commodities and equipment**, strengthening Kenya's capacity to prevent disease and protect the lives of mothers, newborns and vulnerable communities across the country.



Handover of Equipment and Supplies **in Pictures**



During the handover, 6.5 million tablets were delivered to support mass treatment of schistosomiasis and soil-transmitted helminths across 15 counties, accelerating Kenya's progress towards eliminating neglected tropical diseases.



The package included 952 reproductive and maternal health commodities and equipment to improve access to lifesaving maternal and newborn care. "Pregnancy is not a disease and no woman should die while giving life," said Dr. Janabi.

During the handover President Dr. William Ruto emphasised the government's commitment to health system transformation: "Our focus is to ensure that every Kenyan accesses high quality health services."



"WHO commends Kenya's commitment to universal health coverage and is proud to stand with Cabinet Secretary for Health, Hon. Aden Duale, county governments, and frontline health workers as we build a system where no one is left behind," Dr. Janabi concluded.



The new resources will strengthen emergency referral care, expand oxygen capacity, help reduce maternal and newborn deaths in high burden counties, and improve Kenya's readiness to respond to cholera, Mpox, and other public health threats.



[Read Full Story](#)

Ahead of the handover, Professor Mohamed Yakub Janabi, WHO Regional Director for Africa, met with the WHO Kenya Country Office and the WHO Emergency Preparedness and Response Hub teams.





Strengthening Kenya's Infodemic Management Systems



September



The Ministry of Health, UNICEF, NPHI, WHO and Partners

WHO in collaboration with the Ministry of Health and partners, convened a **national workshop to align stakeholders on Kenya's Infodemic Management priorities**. The meeting follows the published Joint External Evaluation, where Kenya achieved a score of three (developed capacity) under Risk Communication and Community Engagement. This milestone reflects ongoing efforts to strengthen systems for timely, coordinated, and trusted communication during health emergencies.

The workshop **provided a platform to review progress, identify gaps, and chart practical next steps to institutionalise infodemic management across national and county levels**. Discussions focused on improving coordination, defining clear roles and responsibilities, and enhancing collaboration between government, partners, and communities. Stakeholders also agreed on the need to establish sustainable mechanisms for detecting and countering misinformation and to build a shared, action-oriented roadmap to guide implementation.

By addressing identified priorities, **Kenya is advancing towards a more resilient health system one capable of delivering an evidence-based, people-centred response to future public health threats**.



Workshop on Infodemic Management Systems **in Pictures**



Representatives from the Ministry of Health, WHO, and partner organizations collaborate during the Infodemics Management Training in Nairobi. The workshop built national skills in social listening, misinformation analysis, and planning of coordinated response to enhance public trust.



During the WHO-supported Infodemic Management Training in Nairobi, participants explored practical strategies for managing health misinformation and promoting public trust through coordinated communication efforts.



© WHO | Genna Print

Kenya Launches an upgraded WHO-Accredited Polio Lab



September



MOH, WHO, Gates Foundation & More

Kenya inaugurated a newly upgraded WHO -accredited polio laboratory at the Kenya Medical Research Institute, marking a major step forward in the country's efforts to detect and respond rapidly to poliovirus and other epidemic-prone diseases.

Located within KEMRI's Centre for Virus Research, the laboratory plays a critical role in the African Regional Polio Laboratory Network, a system of 16 WHO-accredited laboratories across the continent. These labs ensure that stool and environmental samples are quickly tested for polioviruses, guiding immunization campaigns and outbreak response.

Workshop on Risk Management of Drinking Water Quality



October



KNPHI, MoH, National Institute for Public Health and the Environment (Netherlands)

Kenya is taking steps to safeguard drinking water quality in the face of climate change. A two-day workshop brought together national experts under the Global Health Protection Programme between Kenya and the Netherlands.

The training equipped participants with practical tools to identify and manage risks affecting drinking water systems, linking policy to on-the-ground implementation. The workshop concluded with clear actions to enhance coordination, map stakeholders, and develop a centralised surveillance platform strengthening Kenya's path toward safe, reliable water for all.



Getty Images



2nd Nairobi Health Scientific Conference: Advancing Universal Health Coverage



November



MOH, SHA, KEMRI-WT, WHO Roche Dx and DPHK.

WHO Kenya participated in the second Nairobi Health Scientific Conference, focused on advancing Universal Health Coverage towards the Sustainable Development Goals 2030. Contributing to discussions on sustainable health financing in vulnerable contexts, highlighting the importance of efficiency, direct facility financing and equitable access to services.

The conference emphasised improving value for money and strengthening public-private partnerships to expand reach to underserved populations. WHO also supported a session on partner mapping to strengthen collaboration across the health sector.



Kenya Costs **National Action Plan for Health Security**



© WHO / Ardo Farah



August



Carried out Ministry of Health with support of WHO, KNPHI, Ministry of Health, Palladium, Africa CDC, Amref,

Kenya has completed a five day multisectoral workshop to cost its second-generation National Action Plan for Health Security.

Building on the 2024 Joint External Evaluation (JEE) and other **International Health Regulations (2005)** monitoring processes, the workshop finalised a framework that will run from **2026 to 2030**.

The process was led by the Ministry of Health and the **Kenya National Public Health Institute**, with technical support from WHO, Africa CDC, Amref Health Africa, Kenya Red Cross, Palladium, the tackling Deadly Diseases in Africa Programme and other partners.

The workshop reaffirmed the importance of a country-led plan to set national priorities, align resources and strengthen collaboration across sectors.

The **NAPHS is a country-owned**, multi-year plan that identifies national priorities and aligns them with resources," **said Rehab Charles-Hamza of Africa CDC**.

She noted that participants reviewed surveillance, epidemiology, antimicrobial resistance, food safety, workforce development and risk communication, all informed by the 2024 JEE and related assessments.

Kenya's recent experiences with COVID-19, cholera, measles, mpox and polio highlighted the challenge of sustaining essential services during crises.

Most times when we have a public health emergency, you find that services are disrupted.

“By planning in advance, there will be resources allocated so that health facilities continue providing essential services”, **said Mary Mabenge from Amref Health Africa.**

The costing exercise therefore considered both outbreak response and continuity of maternal, newborn and emergency care.

KNPHI, a newly established state corporation, has been tasked with coordinating implementation.

“It outlines 19 technical areas aimed at strengthening the country’s capacity to prevent, detect and respond to health events,” **explained Dr. Victoria Kanana Kimonye, who leads Emergency Preparedness and Response at KNPHI.** The costed plan will serve as a national reference for all sectors involved in health security, and quarterly monitoring will be used to track progress, and implementation.

International partners reinforced this process. “Beyond the workshop, we will remain engaged in validation, planning and ensuring that activities are embedded in government budgets,” **said Dr. Kadondi Kasera, Country Lead for the UK-funded TDAP2 programme.**

WHO provided technical assistance to refine the strategic actions, detailed activities and cost assumptions.

“This ensured that the plan was feasible, realistic and possible to implement”, **said Dr. Martins Livinus, WHO Kenya Team Lead for Emergency Preparedness and Response.**

WHO also provided templates and guidance for costing, creating a uniform approach that made review and realignment easier. As Secretariat to the IHR, WHO is here to convene, guide and support Kenya and its partners in implementing this plan.

The costed plan will serve as a national reference and quarterly monitoring will be used to track progress, and implementation.

Challenges remain in prioritising activities, avoiding duplication and ensuring government investment in areas such as human resources for health.

This is not only a health sector plan. It is a whole-of-government and whole-of-society approach to protect Kenyans.



Dear colleagues, partners, and donors,

The achievements outlined in this bulletin demonstrate measurable progress in strengthening Kenya's capacity to prevent, detect, and respond to public health threats.

Investments in surveillance, vaccination, risk communication, and operational readiness are translating into faster response times, stronger coordination, and more consistent service delivery at national and subnational levels.

Sustaining these gains will require further investment in migration health, surveillance, and emergency preparedness to ensure timely and equitable services for all populations.

WHO remains committed to providing technical leadership and operational support to ensure these systems remain functional when they are most needed.

Dr, Livinus Martins Chibueze

Team Lead of Emergency Preparedness Response Cluster, WHO Kenya



Our Partners



Samburu County, Kenya
© WHO | Genna Print

Thank You From

Through collaboration, technical support and shared responsibility, we continue to build a stronger, more resilient health system. Thank you for your partnership in protecting communities and advancing health security.



The EPK Team !

Emergency Response & Coordination
Preparedness & Readiness
Surveillance & Early Detection
Recovery & Resilience





**World Health
Organization**

Kenya

FOR MORE INFORMATION

WHO Kenya Communications

Ardo Farah
arfarah@who.int

Genna Print
printg@who.int



**World Health
Organization**

Kenya

HEALTH
EMERGENCIES
programme



afkeninfo@who.int



x.com/whokenya

Contact Us:



afro.who.int/countries/kenya



linkedin.com/company/whokenya



+254 20 7620300
+254 20 5120300
+254 722-509 403 (Cell)



United Nations Complex in Gigiri
Block-P Ground Floor
P.O. Box 45335 – 00100, Nairobi