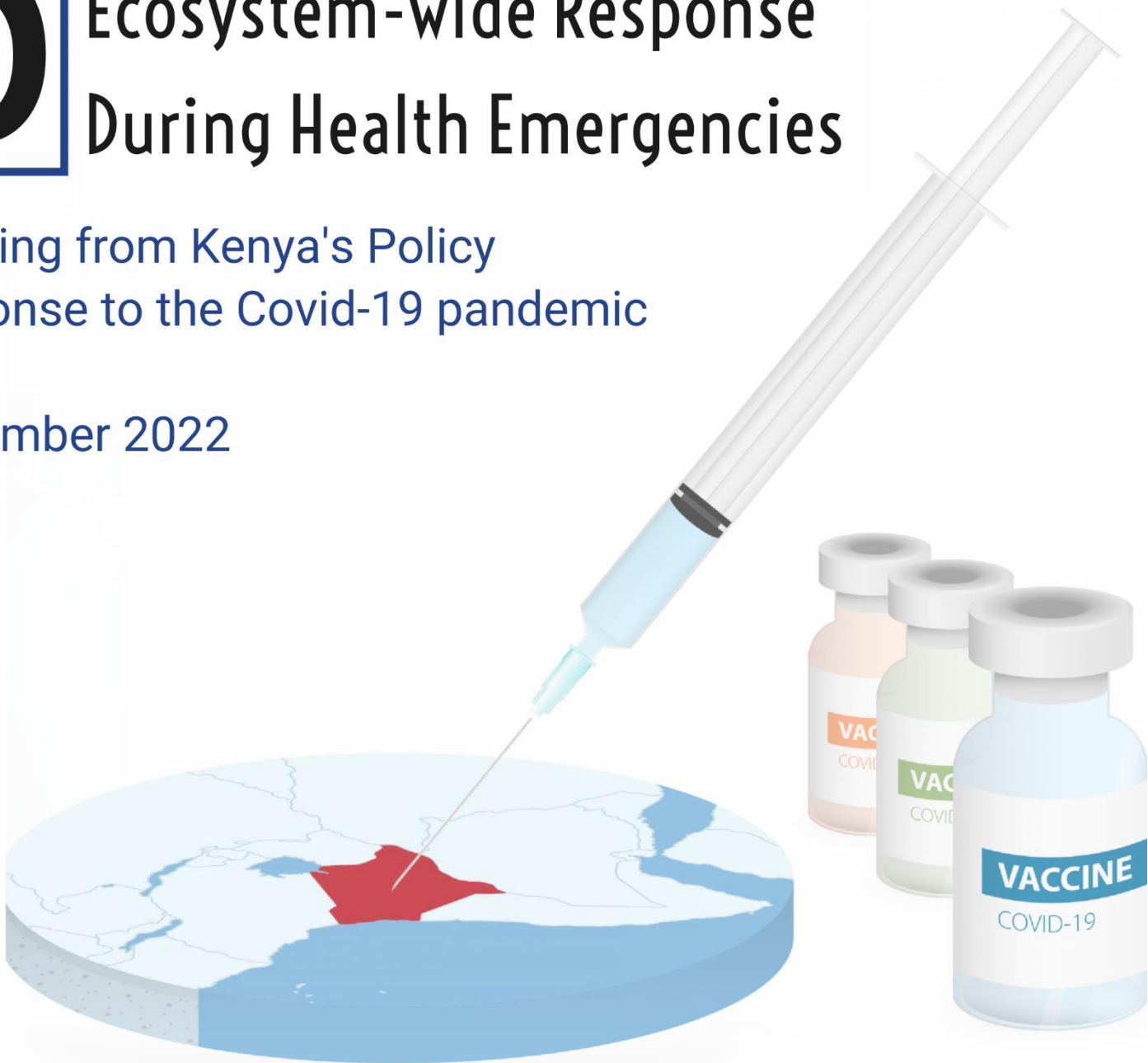


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Policy Levers to Strengthen Ecosystem-wide Response During Health Emergencies

Learning from Kenya's Policy
Response to the Covid-19 pandemic

September 2022



Background:

In December 2019, the first case of COVID-19 was reported in Wuhan China. By the end of July 2022, nearly 6.4 million deaths had been reported worldwide. Kenya reported the first case in March of 2020, and by the of September 2022, over 338,000 cases had been reported, leading to nearly 5,700 deaths. The pandemic triggered urgent response across countries worldwide, putting health security, preparedness, and response high up the global agenda. Kenya was no different. Like other low and middle-income countries (LMICs), Kenya found itself trying to mount a policy response in the context of an inadequately equipped health system and scanty evidence globally on controlling and managing the virus. According to the World Health Organization, Kenya's preparedness capacity ranged from 'limited to developed' prior to the pandemic, meaning that while the Country had the basic framework and instruments needed to manage outbreaks, these were not sufficient to handle one of COVID-19 magnitude. A lot of expectation was placed on the government, from developing policy, executing surveillance, and rolling out control measures to providing vaccination, treatment, and support for social and economic recovery of the country. Many are of the view that Kenya's response was fairly good, but that it could have been much stronger had there been better preparation and coordination.

Understanding the challenge

How do we prioritize health needs?

Governments in many LMICs struggle to find the right balance between providing adequate healthcare services for those who are sick and designing and running prevention programmes and interventions to keep people healthy and prevent disease. These tensions exist in the context of inadequately developed healthcare systems, characterized by resourced constraints.

Under normal circumstances, the bulk of the effort and resources go towards curative services. This means that few resources go towards preventing disease and keeping households and communities healthy during periods of normalcy.

What happens during periods of emergency?

The situation painted above worsens during emergencies. Three things can be expected in resource constrained settings:

1. Increased deprioritization of important, but 'non-urgent' services such as disease prevention and wellness activities.
2. Reduced emphasis on curative and rehabilitative services, with the bulk of the effort going towards mitigating the emergency.
3. Increased public agitation for government to respond swiftly and effectively to the emergency.

What are the consequences?

Panic among the public triggers political response, throwing government agencies into emergency mode. They find themselves being busier than usual, having to both provide policy direction (often, in the context of limited evidence) and organize and deliver needed services. Concurrently, they (Government) are expected to address broader social and economic consequences of the emergency.

Key message

Deprioritization of prevention services during periods of normalcy combined with the unpredictable nature of new threats overstretches governments, limiting their ability to function optimally. This underscores the value of strategic policy levers.

What are policy levers?

It is simply not possible for any government to plan, initiate and execute all necessary emergency response activities on their own. Instead, leadership should consider deploying certain 'control knobs' (policy levers) to crowd in ecosystem-wide support and channel it towards the common purpose. Five strategic levers have been mentioned in other settings as being particularly useful: financing, movement of resources, organizing and delivering services, developing, and deploying standards and regulation, and facilitating communities to accept/support the response.



Mechanisms for raising and pooling funds/resources to support emergency response.

Mechanisms for moving resources to the point of need, with good speed.

Mechanisms for organizing and delivering services effectively through all sectors.

Mechanisms for ensuring compliance to standards and the latest evidence.

Mechanisms for ensuring communities are guided, informed, and supported to manage emergency.

Key Policy Actions and Start dates

Mitigation Measure	Start Date
Response organization	Feb 2020
COVID -19 Screening	March 2020
COVID-19 Testing	March 2020
Isolation and quarantine	March 2020
Physical Distancing rule	March 2020
Gatherings	September 2020
Sanitation	March 2020
Movement Restrictions	March 2020
Education	March 2020
Curfew	March 2020
Economics	March 2020
Workforce support	April 2020
COVID-19 Vaccination	March 2021

Key Findings

Financing in emergencies

- ❖ Not enough money set aside for health emergencies
- ❖ Overreliance on donor support
- ❖ Ability to mobilize resources lauded

'...they (county) were a little slow when it comes to resources...It's like they never had a budget specifically for risks...so it was a little bit slow.' Partner 2-1

Resource Movement

- ❖ Rules on resource movement not agile
- ❖ Bureaucracy hampered effective response

'Support...came late...it couldn't support those kinds of interventions that were being proposed...And I think even for us, access to what would be considered emergency fund still is very bureaucratic... yes, these resources are available...but it takes quite a while to be able to access them.' County Actor 1-1

Service Organization

- ❖ Recognition of good sector leadership and strengthening of systems
- ❖ Concern over top-down approach and low clarity on roles to be played by others.
- ❖ Concern over COVID-19 exceptionalism.

'The minister was actively involved in issuing statements, and we could tell that there was interest from the highest level.' National Actor-Research 1

Community engagement

- ❖ Early trust replaced by mistrust
- ❖ The infodemic challenge

'People had a lot of myths and misconceptions; that people in the rural couldn't get COVID that this is a disease for the urban people. So we had a lot of myths that we had to counteract... come up with a rumour log and were be able to track community perception; what we call community perception tracking – to come up with tailored messages to address these myths and misconceptions.' County Actor- 3-2

Broader Pandemic Implications

National security

Effort to link security and health agency actions were lauded. However, the main concern was the 'command and control' style enforcement taken was misguided. The security agencies supported county health departments in enforcing restrictions and other COVID-19 related rules (including burial of the dead).

Social protection

Government worked with partners to distribute KES 10 billion for social protection to vulnerable groups (KES 4,000 sent via mobile). The cash transfers were done in 3 phases: First targeting the first four lockdown counties, another 17 counties, and finally, the last 26 counties. There were other initiatives by National Council For Persons Living with Disability, UNICEF, WFP and others like the Inua Jamii

Trade, industry & tourism

'At first when there was total almost lockdown – cessation of movement, it affected our economy. Many people cried...let's say restaurants like hotels and bars, many of them closed. They cried and they said maybe the government can at least ease up the restriction to make sure that they go back to their businesses'. County Actor 2-8

Standards and regulations

- ❖ Challenges in developing standards and guidelines with evolving in formation
- ❖ Enforcement

'Face masks I would say in (County name) particularly, it was really bad because, especially on the part of enforcement because you walk around and see this mother who has been selling vegetables the whole day having been caught by a police officer and they are supposed to part with 500 shillings and it was like – as you are walking around you find people handcuffed?...And then only when you inquire then you are told they are not wearing face masks.' Private Facility 1-2

Education

Disruptions in school calendars caused dropouts in some areas, especially young girls. New rules (e.g., distancing, hand hygiene facilities and masks) caused schools and parents to incur additional costs (although compliance was poor in low resource and rural locations).

Gender-based violence

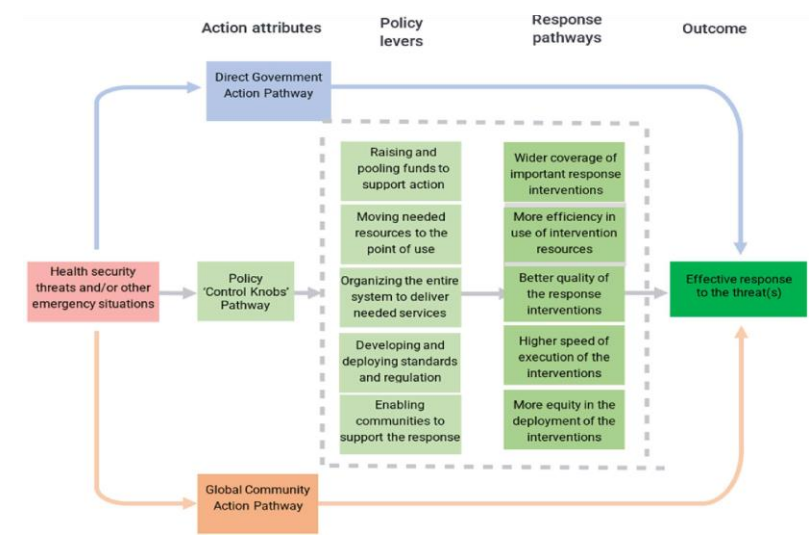
"GBV was another huge thing we saw, countrywide...the situation was so bad that he (the president) had to address it in one of his presidential addresses ..."

National Actor 7

Environment

'Waste management especially when we enforced the use of face masks; the acceptance was okay, uptake was okay but now the challenge came with disposal. You could walk around town and find the town littered with used face masks. County Actor 2-4

Framework and thought of action



The Framework situates the policy levers within the wider context of national and global action during emergencies. Three distinct pathways can be seen: direct government action (the boat rowing function); policy levers (the boat steering function), and global community action (the wind sail effect on the boat). Empirical work has mainly focused on government and global community action. This work shines the spotlight on the 'steering function', urging governments to be more deliberate in deploying policy levers at their disposal to elicit stronger ecosystem-wide support.

Policy Levers to Strengthen Ecosystem-wide Emergency Response

Lever 1: Financing

Local funds



Emergency funds

Government leadership is vital during periods of emergency. Proper leadership requires that governments have their own (local) sources of funds (or mechanisms of allocating/re-allocating funds towards emergency response activities).

Absence of such funds exposes countries to the risk of implementing activities driven by external partners.

Pooling



Pooling multiple funds

National and subnational policy leaders should coordinate effort to map all sources of funding, define situations where partner funding may need to be repurposed to other uses, and develop clear mechanisms for pooling and managing such resources when need arises.

Planning



Joint planning

Mechanisms should be put in place to ensure available funding/resources (from local sources as well as development partners) are appropriated and spent on locally-defined priority areas.



Lever 2: Movement of Resources

Faster Processes



Innovating for faster execution

Co-creating innovative mechanisms that simplify the processes of moving resources to the point of use whilst maintaining statutory integrity (e.g., devising mechanisms that ease movement of funds without conflicting with the Public Finance Management Act).

Framework Contracting



Increasing partnership agility

Developing some form of 'framework contracts' that allow quick, flexible and easy contracting of, and, collaboration with private sector during emergencies, thereby enabling optimized use of resources (for instance, allowing faster referral of emergency patients to receive care at private facilities without putting them at risk of impoverishment).

Simpler Instruments



Simplifying policy instruments

Revising existing policy/regulatory instruments to include provisions for strengthening health system response during emergencies (e.g., allowing provision of certain restricted services using alternative channels like e-platforms, and activating systems to expand human resource capacity (e.g., task-shifting and task-sharing in restricted disciplines, and mechanisms for allowing retired personnel to be brought back in to provide additional support).

Lever 3: Health service delivery

Multi-sectoral Coordination



Multi-sectoral coordination

Creating multi-sectoral mechanisms for coordinating and executing emergency response activities. It is important to have disaster response committees that can be quickly activated during periods of emergency. These should be well defined, with clear mandates/ operational procedures, and ensure inclusion of key ecosystem actors.

Resource Repurposing



Agility in repurposing resources

Establishing mechanisms for repurposing existing health systems resources (e.g., infrastructure/supplies) to support emergency response (like certain diagnostic devices being reprogrammed to test for pathogens/designating certain facilities as emergency sites and ensuring they are equipped to manage that, and that they can be activated when time comes (avoids ad hoc policy action during emergencies)).

Incentivizing Collaboration



Public private collaboration

Developing guidelines, incentives and other strategic levers to encourage private healthcare, and non-health sectors (e.g., ICT companies and manufacturing industries) to work with public agencies to find quick and effective solutions.

Improving the role of the Community



Higher community level impact

Improving the use of community organs. Fragmentation (e.g., having a firewall between resource persons for health and other sectors like education) makes it hard to harness their full potential during emergencies, yet they can be a resource to pass the right messages and counter any infodemic.

Managing Information



Improved information management

Creating mechanisms for collecting, analyzing and sharing information across sectors. Absence of such mechanisms affects accuracy of information held at national level. The info helps to strengthen case-based surveillance and reporting, and provides the opportunity for multi-sectoral engagement and joint learning, improving the response across the board.

Lever 4: Standards and regulation

Command Regulation



Command and control-style regulation

All countries require a uniform public health response to pandemics and other emergencies. It is vital that this be prescribed at national level, and full compliance be emphasized. This may include rules about movement (including inter-county migration) and vaccination.

Responsive Regulation



Responsive regulatory approaches

There is need to develop agile and responsive policy instruments and communication mechanisms to provide a shorter turnaround time for policy/guidelines' change. The defining feature here should be flexibility counties have to adjust policy measures based on their situation, and more importantly, the responsiveness of their communities to existing rules

Policy Nudges



Nudge-style policy deployment

There are instances where uniform deployment of fixed policy instruments is unwise, more so over short periods of time. An example is collaborating with private sector to mount an effective response. Counties have path-dependent variations in level of private sector activity, and consequently, how they engage and collaborate. Here, prescriptive rules are unlikely to work, especially during emergencies. Policy nudges may use 'opt-in, opt-out' strategies to support willing counties.

Transparent Governance



Transparency for better governance

Policy should provide 'alternative' frameworks for obtaining essential supplies during emergencies. These should both cover the transaction activities, and allow open and transparent engagement and decision processes to minimize governance-related challenges.

Effective multisectoral response to health emergencies requires governments to be deliberate in engaging, informing, and planning with communities and non-government actors, and doing so consistently during periods of normalcy.

Lever 5: Community Behaviour

Less coercion More collaboration



From coercion to cooperation
Policy sought compliance through forceful enforcement (force/ bribes), creating resistance to useful interventions. In future, they must focus on encouraging compliance through collaboration.

Contextualized Solutions



Contextualized solutions

Policy should emphasize co-creation of context-specific solutions involving communities. Evidence shows place-based initiatives (PBIs) that are sensitive to local situations succeed more, which is crucial during periods of emergency/uncertainty.

Clearer Messaging



Clarity over uncertainty

Policy must transmit clear messages, including being open about uncertainty/lack of evidence and emphasizing that messages may change as evidence grows. This makes it easier to change messages/advice, at times severally over short periods.

Reducing gender disparities



Gender equality for better response

Existence of mechanisms for strengthening gender parity helps elicit stronger ecosystem response. Strategies like creating safe spaces/shelters for GBV victims, allocating funds for GBV services, continuous community dialogue on gender issues (facilitated by respected local leaders) and putting in place laws that strengthen gender parity are all useful to have, if countries are to mount an effective response during emergencies.

Equity and Fairness



Emphasizing equity and fairness

The pandemic exposed what we already know - that vulnerable groups (including the poor, children and persons living with disability) suffer the most. There is a need to ensure equity across communities. Improving equity during periods of normalcy can strengthen policy response and effective intervention coverage during emergencies.



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