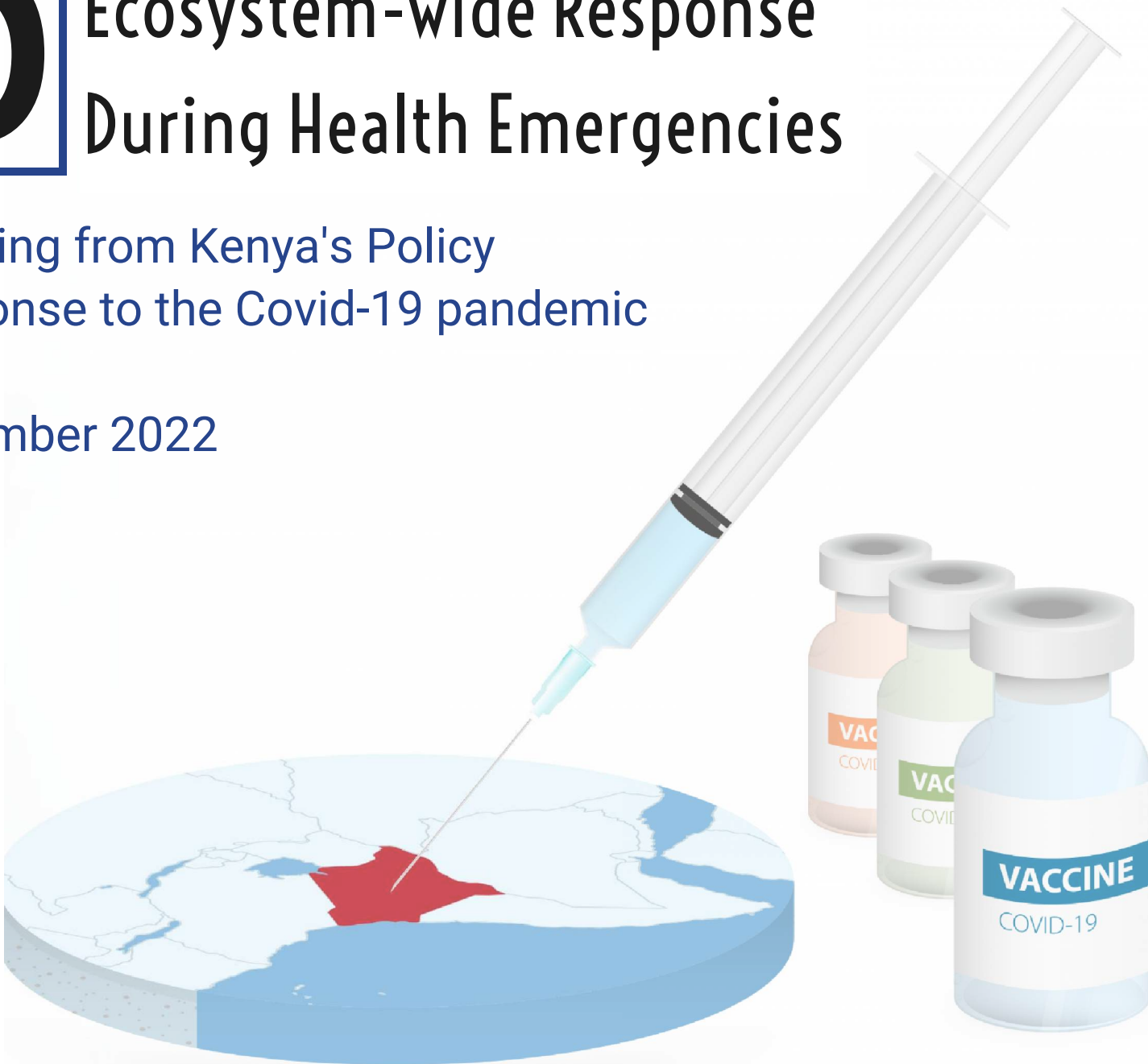


5

Policy Levers to Strengthen Ecosystem-wide Response During Health Emergencies

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

November 2022



Contents

- 3. Introduction
- 4. Understanding the challenge
- 5. Methodology
- 7. Key findings
- 13. Policy levers
- 19. Framework for thought and action
- 20. Contact details

Acknowledgement

This document was prepared by:

Francis Wafula
Irene Khayoni
Cornelius Kiptoo

On Behalf of the Hecta Ltd, Open Phences, MOH
and FCDO team members listed below:

Jordan Kyongo, Samora Otieno, Joyce Wamicwe,
Elizabeth Gitau, Lyndon Marani, Brenda Bunyasi,
Noelle Orata, Eric Tama, Annette Murunga, Paul
Waswa, Muriithi Njogu and Peter Nguhiu.

Funding was provided by the UK Foreign,
Commonwealth and Development Office (FCDO)



Introduction

Kenya's COVID-19 context

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.

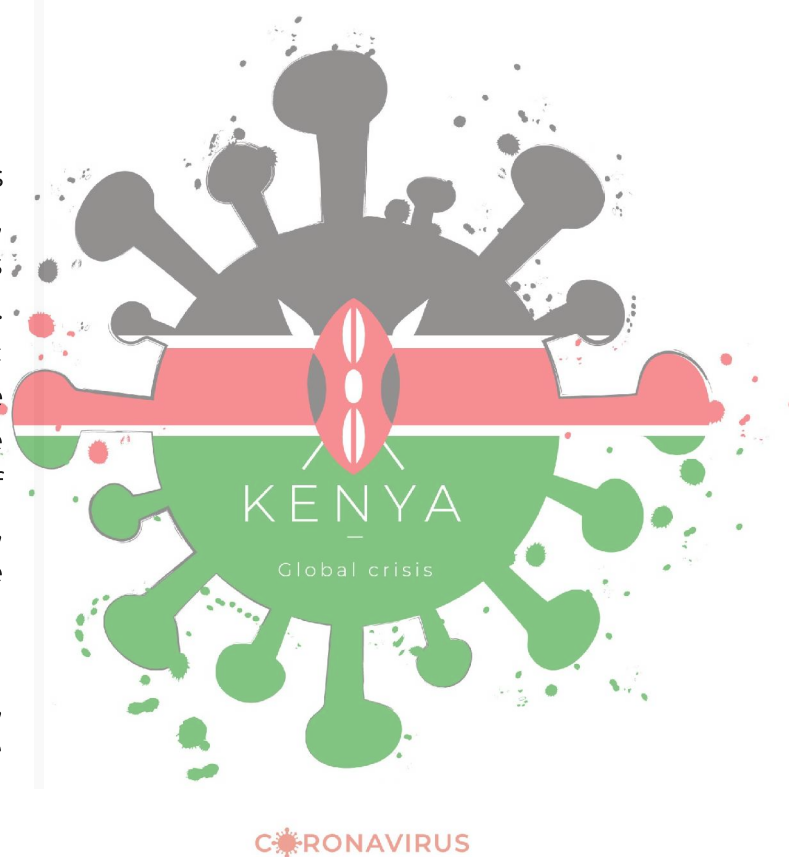
Kenya reported the first case in March of 2020. By the end of July 2022, over 337,000 cases had been reported, leading to nearly 5,700 deaths.

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.

Prior to the pandemic, Kenya's preparedness capacity ranged from 'limited to developed', according to the World Health Organization's (WHO) Joint External Evaluation (JEE) metrics. This means that while Kenya had the basic framework and instruments needed to manage outbreaks, these were not sufficient to handle one of the 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. Yet, despite of the circumstances, many are of the view that Kenya's response was fairly good.

Key policy actions and start dates

Mitigation measure	Duration
Response Organization	Feb 2020
COVID-19 Screening	March 2020
COVID-19 Testing	March 2020
Isolation and quarantine	March 2020
Physical distancing rules	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





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 of these occurrences?

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 causes governments to become overstretched, limiting their ability to function optimally.

This underscores the importance 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.



To strengthen the policy relevance of the research, we modeled the project along the five levers, flagging them as important points for action.





Methodology Note

Examining Kenya's policy response to the pandemic

The project was designed to:

- (1) characterize the most important policy intentions during the COVID-19 pandemic;
- (2) Map the actor ecosystem and understand their roles and performance during the pandemic;
- (3) Examine the role of science, technology, and innovation in the response; and
- (4) Examine how gender, equity and social inclusion factors played out during the pandemic.

We used a mixed method approach, collecting data at national level and in three counties selected to provide contextual variability (Kisumu-Urban, Trans Nzoia-Mixed urban-rural, and Lamu-Rural and ASAL). Other factors were also considered (e.g. progress towards desired vaccination coverage). Data were collected through document and records review, as well as key informant interviews.

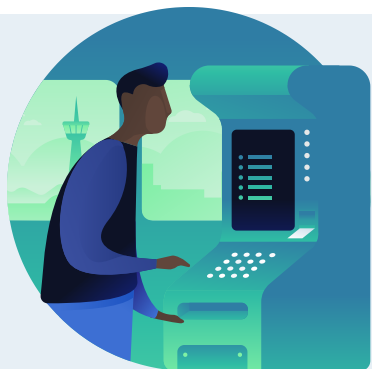
Interview data were analyzed using a framework approach, with the (modified) 'WHO Inter-Action Pillars' providing the primary (descriptive) coding framework. We refined the codes further to provide practical recommendations that can contribute to better ecosystem-wide response in the future.

The following pathways guided the development of the 'policy levers' recommendations:

- (1) Detailed qualitative analyses to understand the response activities, focusing on resources, capacities and policy instruments ('inputs'), transformation of inputs into response activities ('processes'), and perceived impact ('intermediate response outcomes').
- (2) Building on findings from (1) to define policy levers ('control knobs') that have the ability of informing governments on harnessing strengths across the ecosystem during emergencies.
- (3) Creating an analytical 'Framework for Thought and Action' that shows relationships across levers and their pathways to impact.

It is worth noting that part of the analytical work entailed subjecting the 'Framework for Thought and Action' to a validation process involving a diverse group of stakeholders.

Key Findings: Financing during emergencies



Not enough money set aside for health emergencies

‘...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

‘...the county should allocate money to the emergency fund because you can’t predict what emergency will come.. County Actor 1-1



Overreliance on donor support

‘...we had a meeting with partners to discuss how to go about financing the period of corona but unfortunately, they were already fixed. We didn’t achieve anything from the meetings because decisions were being made beyond the county’. County Actor 2-2

‘...there was competition amongst (donors). There was an attempt within this (COVID-19) committee to ensure that if you (a partner) have any intervention, you bring it to that committee. People agreed, but didn’t work that because people continued doing their own things. I guess because of where people were raising their resources from.’
County Actor 1-1



Ability to mobilize resources lauded

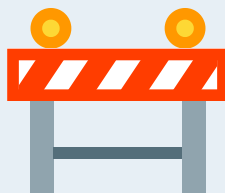
‘...I think Kenya did quite well. We were among the first countries to accepted that there was COVID in Africa, and then began reporting and saying just what was happening on the ground. Looking at other African countries I think we were also among the countries that were able to sufficiently mobilize resources and even attract external financing towards COVID.’
County Actor 2-1

Key Findings: Resource movement in emergencies



Rules on resource movement not agile

There was a shared view that rules governing the flow and use of resources were too complex and restrictive. This meant that even where finances existed (at national level), they rarely got to the point of use in good time, and when they did, their use was not always optimized.



Bureaucracy hampered effective response

‘Whatever support there was, it came far too late. It never kept pace. And I think even for us, access to what would be considered emergency fund still is very bureaucratic. So even those – some of those legal frameworks that there is, should be reviewed in light of some of those realities so that if there is something that is truly an emergency then people should respond as quickly as possible but there is usually a lag in terms of yes, these resources are available for that particular instance, but it takes quite a while to be able to access them.’ County Actor 1-1



Govt didn't leverage its position to improve market.

‘.....when you look at the COVID kit, one it would cost 6,000 for the nurse and 6,000 for the doctor. The doctor does his ward round in the morning, another doctor does a doctor-nurse round – that’s 24,000 for COVID alone. Yet if the government had gone out of their way to mass procurement these items, they would have been cheaper even for the private sector’. County Actor 2-5

‘(Support from national government) wasn’t structured.. It was one way traffic. So you would receive something, you really don’t know – afterwards that’s when you would know who even donated it. So it would just come...but you really don’t know where it even came from. So whether you required it or not, it just appeared and you had no one to now tell, okay, this is not what we need. It was someone sitting in Nairobi deciding ‘we need this or that for the country’. So you would get these fancy equipment but basics like PPEs are unavailable.’ County Actor 1-1

Key Findings: Service organization and delivery



Recognition of good sector leadership response and strengthening of some systems.

Interviewees felt Kenya did well to respond decisively, and that the response probably saved lives.

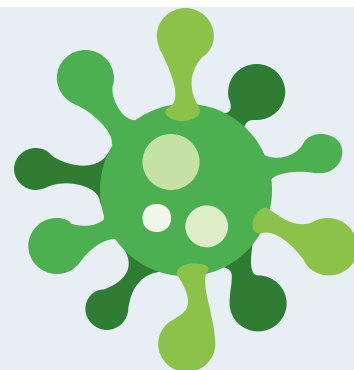
‘The minister was actively involved in issuing statements and we could tell that there was interest from the highest level.’

National Actor-Research 1

‘...when we computerized the whole lab system (during COVID), things started working. As a county now it opened our eyes on the required equipment because that’s the time we realized that the lab was dead. We used to take our samples to KEMRI, Kisumu...you get one or two samples, a vehicle goes all the way to Kisumu and back...too expensive’. County Actor 2-4

Concern over top-down approach and low clarity on roles to be played by others.

Private providers felt that the government didn't know how to use them effectively, resorting to knee-jerk rules. Even where they could have helped, they were not guided well. For instance, in some places, they were asked to stop treating suspected Covid-19 patients, but also told to stop offering other services like elective surgeries. Such rules were confusing. Some interpreted this to mean they shouldn't provide any services at all.



Concern over COVID-19 exceptionalism

Interviewees felt that the response crowded out routine services, hurting communities.

‘...a lot of deliveries were done at home. We were just seeing them later on when they were coming for immunization. Two, we had many children going without immunization because their mothers were not coming to facilities. Three, we had a lot of people who have chronic conditions – diabetes, hypertension, even HIV, who went months without medication. We tried to take medication to them but it wasn’t very sustainable so we had a lot of them missing medication.’. County Actor 2-1

Key Findings: 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, the 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 Initiative.

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

Education

Disruptions in school calendars caused drop-outs 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

'We had a lot of GBV so there was a lot more of mental health issues in the community. In fact, that also informed us that we had a gap before COVID' County Gender Expert

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

'...one thing that helped us is that most areas in the country are interconnected. So, it was possible to sit here and have a meeting with someone in Nairobi and discuss whatever (COVID-19) case I had. But then the other challenge comes in when you have the information but there is little you can do like you know the best medication for you to give is XYZ but you don't have it and in the places where they are giving it, the patients have to go all the way and find for themselves'. Public Facility 1-5

Key Findings: Standards and regulation



Standards and guidelines

‘...challenge was there was a time there was an avalanche of information. Before you have even disseminated a policy, another one comes. So we were always playing catch-up. The curative guidelines is where there was a problem because when COVID came, we were able to train our health workers on the basics. But as COVID evolved, we realized that there is need to retrain them again on other issues because there were new variants, new treatments. The government was silent. It never supported the counties on retraining. There was also no point person per se or no point facility that would assess the same. So it became a really, really big challenge...’. County Actor 2-5



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 the first thing that has come into your mind is maybe, are they terrorists or something or what is happening? And then only when you inquire then you are told they are not wearing face masks.’

Private Facility 1-2

‘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 the first thing that has come into your mind is maybe, are they terrorists or something or what is happening? And then only when you inquire then you are told they are not wearing face masks.’ Private Facility 1-2

Key Findings: Community response and behavior

Early trust replaced by mistrust

Communities and local leaders expressed understanding/were fairly supportive of mistakes made in the response, trusting that the actions were intended for public good. This changed over time, triggering silent resistance to the measures.

‘So at that point because of the nature of the (quarantine) institutions themselves, people were not very willing – that affected contact tracing because someone is positive but they know if they say so and so is a contact and if by chance they end up getting positive then they would be quarantined somewhere. So that limited to the extent which contact tracing could be done.’ County Actor 1-1

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...so you had to do the rumour tracking, come up with a rumour log and be able to track community perception; what we call community perception tracking – be able to get all this and come up with tailored messages to address these myths and misconceptions.’ County Actor- 3-2



Communities played a role in supporting the response in various ways: allowing leaders and experts to communicate important messages (‘listening’); following proposed measures to control the pandemic (‘complying’); and proactively seeking solutions to complement policy effort (‘innovating’). The opinion was policymakers should have put more trust in communities.

Policy Levers to Strengthen Ecosystem-wide Emergency Response

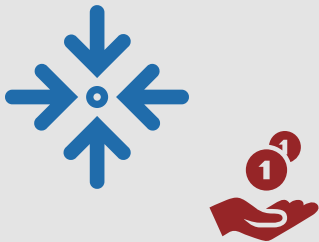


Financing

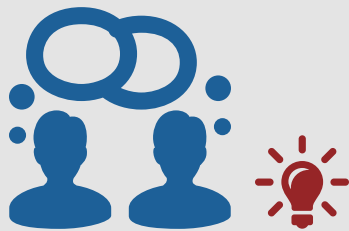
Local funds



Pooling



Planning



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).

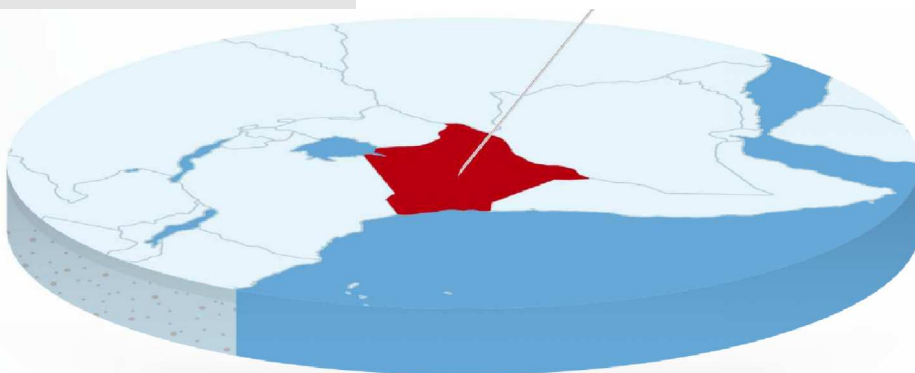
Absence of such funds exposes countries to the risk of implementing activities driven by external partners.

Pooling 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.

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.



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).

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.

Standards & 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.

Community behavior

Less coercion
More collaboration



Contextualized
Solutions



Clearer
Messaging



Reducing gender
disparities



Equity and
Fairness



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

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.

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.

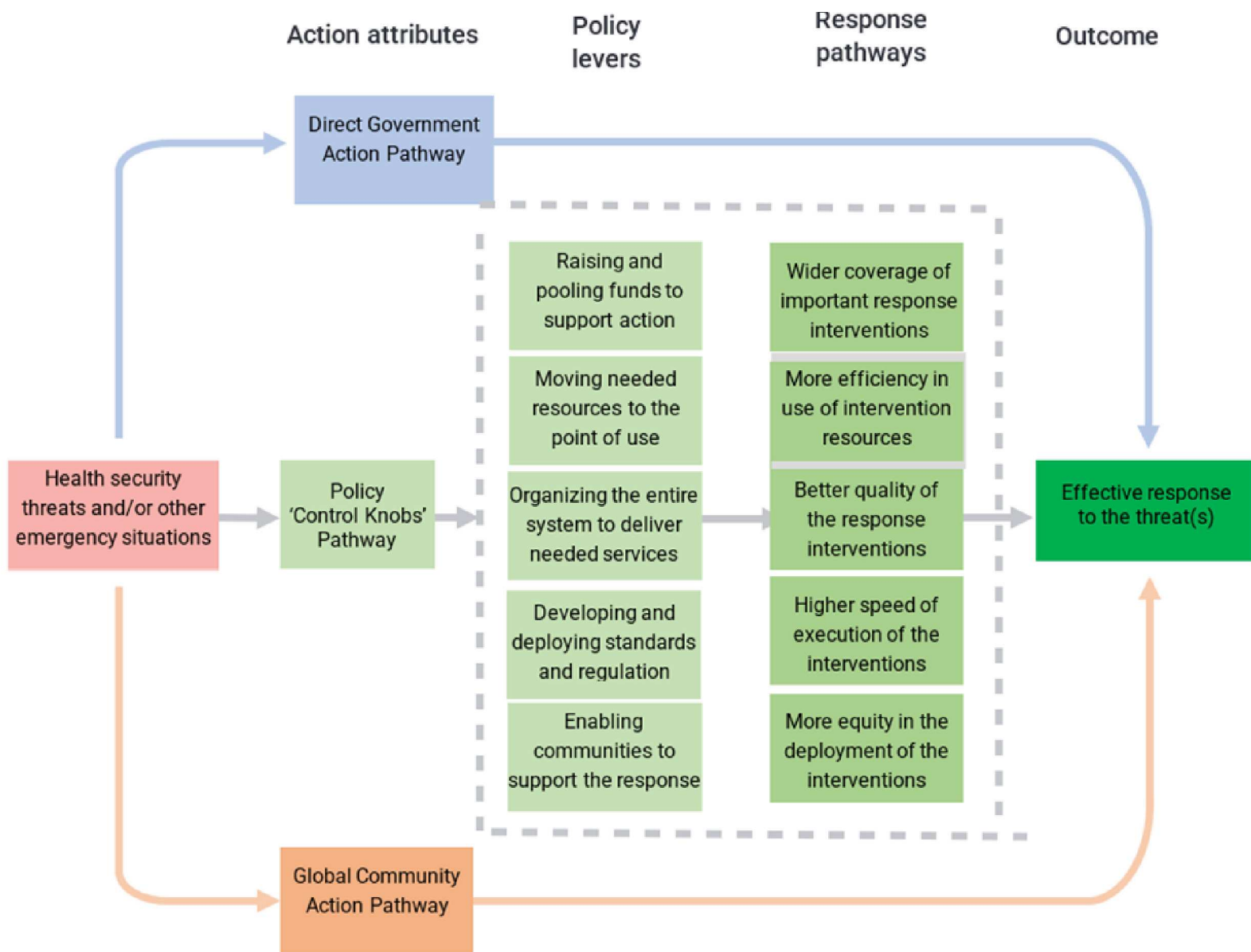
Gender equality for better response

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.

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.

Framework for Thought and 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.



CONTACT US



Physical Address

Hecta Consulting Limited
Tropical Towers,
Komo Lane, off Wood Avenue
Kilimani, Nairobi



Email

info@hectaconsulting.com



Website

www.hectaconsulting.com



Phone

+254 20 2001239



HECTA
CONSULTING