Global Governmental Response to COVID-19 in accordance to WHO guidelines

Actions taken by Kenya to prevent the spread of COVID-19 as of February 8, 2021.

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Our Organization

The UN Compliance Research Group is a global organization which specializes in monitoring the work of the United Nations (UN). Through our professional team of academics, scholars, researchers and students we aim to serve as the world's leading independent source of information on members' compliance to UN resolutions and guidelines. Our scope of activity is broad, including assessing the compliance of member states to UN resolutions and plan of actions, adherence to judgments of the International Court of Justice (ICJ), World Health Organization (WHO) guidelines and commitments made at UN pledging conferences. We’re proud to present the international community and global governments with our native research findings on states’ annual compliance with the commitments of the UN and its affiliated agencies. Our goal as world citizens is to foster a global change towards a sustainable future; one which starts with ensuring that the words of delegates are transformed into action and that UN initiatives don’t remain ink on paper. Hence, we offer policy analysis and provide advice on fostering accountability and transparency in UN governance as well as tracing the connection between the UN policy-makers and Non-governmental organizations (NGOs). Yet, we aim to adopt a neutral path and do not engage in advocacy for issues or actions taken by the UN or member states. Acting as such, for the sake of transparency. The UN Compliance Research Group dedicates all its effort to inform the public and scholars about the issues and agenda of the UN and its affiliated agencies.
Purpose

The International Health Regulations (2005) are legally binding on 196 States Parties, including all WHO Member States. The IHR aims to keep the world informed about public health risks, through committing all signatories to cooperate together in combating any future “illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans.” Under IHR, countries agreed to strengthen their public health capacities and notify the WHO of any such illness in their populations. The WHO would be the centralized body for all countries facing a health threat, with the power to declare a “public health emergency of international concern,” issue recommendations, and work with countries to tackle a crisis.

Although, with the sudden and rapid spread of COVID-19 in the world, many countries varied in implementing the WHO guidelines and health recommendations. While some countries followed the WHO guidelines, others imposed travel restrictions against the WHO’s recommendations. Some refused to share their data with the organization. Others banned the export of medical equipment, even in the face of global shortages. The UN Compliance Research group will focus during the current cycle on analyzing the compliance of the WHO member states to the organization’s guidelines during the COVID-19 pandemic.
### School/educational institutions:
- Decision makers should consider the following if they decide to open or close schools: Current understanding about COVID-19 transmission and severity in children, Local situation and epidemiology of COVID-19 where the school(s) are located, School setting and ability to maintain COVID-19 prevention and control measures.
- Recommended to promote: Hygiene and environmental cleaning to limit exposure, Screening and management of sick students, teachers and other school staff, Communication with parents and students, Physical distancing at school, Tele-schooling and distance learning.

### Workplaces and institutions:
- Partial closure of workplaces as of early March.
- Hand hygiene: Regular and thorough handwashing, Hand hygiene stations.
- Respiratory hygiene: Promote respiratory etiquette, Develop a policy on wearing a mask or a face covering.
- Physical distancing: less people, implementing shifts.
- Reduce and manage work-related travels.
- Regular environmental cleaning and disinfection.
- Risk communication, training, and education: Provide posters, videos, and electronic message boards.
- Management of people with COVID-19 or their contacts: introduce thermal screening.
- Take more measures when it comes to jobs at medium and high risk.

### Public events:
- Restriction to host gatherings or events that exceed a large number of individuals. ex) sport games, religious functions, restaurants, etc.
- Planning phase: Liaison with all relevant stakeholders, Development of a preparedness and response plan, Assessment of capacities and resources.
- Operational phase: Modifications of the event, Risk communication, Surveillance of participants, aimed at detecting and managing individuals developing symptoms during the event.
- Post-event phase: Liaison between event organizers and health authorities.

### Public Transport:
- Reduce crowding, limit access to, or close public spaces, restaurants, sporting events, 24 sports clubs, entertainment venues, places of worship, 25 or venues with limited ventilation.
- Encourage physical distancing in public places and transportation.
- Reduce mixing between individuals and households.
- Communicate to recommend wearing masks in public.
### WHO Guidelines and Recommendations

#### Public Information Campaign:
- Communicate risk clearly with information on how to protect oneself and others.
- Simplify messages, encourage sharing of information.
- Engage with communities in decision-making and to strengthen engagement for public health measures.
- Identify local networks and engage communities, businesses, religious leaders, and local influencers.

#### Domestic/International Travel:
- Reduction in Travel to prevent the spread of COVID-19.
- International travel should not occur unless in an emergency.
- Recommended to adhere to safety measures while travelling.
- Establish effective contingency plans and arrangements for responding to a Public Health Emergency.

#### Testing Framework:
- Set up testing centers in large venues or in check points.
- Require travellers to self-quarantine after being tested.
- Molecular (e.g. PCR) testing of respiratory tract samples is the recommended method for the identification and laboratory confirmation of COVID-19 cases.
- To inform WHO policy on the use of immunodiagnostic rapid tests for COVID-19.

#### Contact Tracing:
- Set up relational databases linking lists of contacts to line lists of cases.
- Allow for tailored case investigation forms, contact listing forms, and contact follow-up forms to be set up.
- Used for self-checking and self-reporting of signs and symptoms by people through mobile phone apps or SMS technology.

#### Lockdown/Curfew:
- Implementation of curfew hours.
- Require citizens to stay in home unless of an emergency.
- Monitor locations to abide by the curfew hours.
This report draws on the methodology developed by the G8 Research Group, which has been monitoring G7/8 compliance since 1996 (the International Organisations Research Institute at the Higher School of Economics (IORI HSE) joined this multi-year project in 2005, and Bond University participated in 2014). The use of this methodology builds cross-institutional and cross-member consistency and also allows compatibility with compliance assessments of other institutions. The methodology uses a scale from −1 to +1, where +1 indicates full compliance with the stated commitment, −1 indicates a failure to comply or action taken that is directly opposite to the stated instruments or goal of the commitment, and 0 indicates partial compliance or work in progress, such as initiatives that have been launched but are not yet near completion and whose full results can therefore not be assessed. Each member assessed receives a score of −1, 0 or +1 for each commitment. For convenience, the scores in the tables have been converted to percentages, where −1 equals 0 percent and +1 equals 100 percent.
# Scoring Guidelines

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>-1</td>
<td>State does not comply with the International Health Regulations (IHR 2005), nor does it comply with any of the World Health Organization's guidelines and recommendations to curb the spread of the Coronavirus.</td>
</tr>
<tr>
<td>0</td>
<td>State complies with the IHR and partially complies with the WHO recommendations on combating the Coronavirus, through implementing policies and actions which adhere to at least two commitments of the WHO guidelines on curbing the pandemic.</td>
</tr>
<tr>
<td>+1</td>
<td>State fully complies with the IHR and the WHO guidelines on combating the Coronavirus, through implementing policies and actions which adhere to all nine areas of the WHO guidelines on curbing the pandemic.</td>
</tr>
</tbody>
</table>
Assessment

<table>
<thead>
<tr>
<th>Country</th>
<th>No Compliance</th>
<th>Partial Compliance</th>
<th>Full Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td></td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

* Kenya complied with the International Health Regulations (IHR) but partially complied with the World Health Organization’s guidelines and recommendations on curbing the Coronavirus (COVID-19), through implementing complying policies and actions only in some commitment features. Thus, Kenya receives a compliance score of 0.
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Kenya

**Lockdown/ Curfew**
- On 14 March 2020, nightclubs and bars in the city of Mombasa were ordered to close.
- On 18 March 2020, all malls, nightclubs, sport clubs, pubs and bars were ordered to close nationwide. Non essential businesses were also ordered to close.
- On 22 March 2020, all restaurants were ordered to close until a further notice, delivery services was permitted.
- On 27 March 2020, a partial curfew 19:00-05:00 daily has been imposed nationwide. Movement out of home was only permitted for essential purposes.
- On 4 April 2020, The Kenyan President Uhuru Kenyatta imposed a day round full curfew in Nairobi, Mombasa, Kwale and Kilifi for 21 days.
- On 9 April 2020, a full 24 hours lockdown was imposed on Madera County for one month.
- On 25 April 2020, the nationwide partial curfew in addition to the full curfew imposed on various regions was extended for 21 days.
- On 27 April 2020, restaurants were allowed to open outside curfew hours, with workers being tested for COVID-19 before return to work.
- On 7 May 2020, Mombasa city and Eastleigh (Nairobi) were placed under a partial lockdown. Movement in and out was prohibited for 15 days.
- On 14 May 2020, the nationwide partial lockdown and the total lockdown on particular areas was extended until June 6th.
- On 6 June 2020, the nationwide curfew timings was changed to run 21:00-04:00 daily and extended for one month. Restrictions on entry and exit from Nairobi Metropolitan Area, Mombasa County and Mandera County was extended for one month. While such restrictions on Eastleigh area in Nairobi Metropolitan Area, Old Town area in Mombasa County, Kwale County and Kilifi County were lifted.
- On 7 July 2020, the full lockdown and movement restrictions imposed on Nairobi Metropolitan Area, Mombasa County and Mandera County was lifted.
- On 22 August 2020, the nationwide partial curfew was extended for one month.
- On 28 September 2020, the nationwide curfew was extended for two months. The ban on the sale of Alcohol in restaurants and bars was lifted.
- On 3 January 2021, the national curfew was extended until March 12th.

**Domestic/ International Travel**
- On 28 February 2020, the Kenyan high court ordered the suspension of all flights to and from China.
- On 3 March 2020, Kenya suspended flights to and from Italy.
- On 15 March 2020, Kenya banned all travel to and from countries that have recorded cases of COVID-19. Only Kenyan citizens and permanent residence holders were allowed entry but required to quarantine for 14-days upon arrival.
- On 22 March 2020, land borders with Uganda were closed for all non-cargo movement.
- On 25 March 2020, all commercial international flights to and from Kenya were suspended. Domestic and cargo flights continued to operate.
- On 2 April 2020, all domestic flights were suspended.
- On 6 April 2020, all domestic travel by air, road, rail or sea within or to and from Nairobi, Mombasa, Kwale and Kilifi was prohibited.
- On 9 April 2020, all domestic travel by air, road, rail or sea within or to and from Mandera County was prohibited. Movement between villages was restricted.
- On 14 May 2020, Kenya ordered the closure of its borders with Somalia and Tanzania.
- On 17 July 2020, domestic flights resumed.
- On 1 August 2020, all commercial international flights resumed. All arrivals but diplomats must hold a negative PCR test certificate issued no more than 96 hours prior to arrival.
- As of 10 January 2021, all arrivals must present a digitally verified negative PCR test upon arrival to Kenya.
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**Kenya**

### Public Events

- **On 6 March 2020**, Kenya suspended all international events, conferences and meetings.
- **On 13 March 2020**, the Kenyan government banned all large public, religious, sportive and cultural events in addition to conferences.
- **On 22 March 2020**, Kenya prohibited personal gatherings such as weddings and funerals in addition to the closure of churches and mosques for collective worships.
- **On 6 April 2020**, the Kenyan government banned all gatherings in public places.
- **On 26 August 2020**, public gatherings including weddings and funerals were permitted with a maximum of 100 participants.
- **On 28 September 2020**, the number of participants allowed in weddings and funerals was increased to 200.
- **On 3 January 2021**, the number of participants allowed in weddings and funerals was reduced to 150.

### Public Info Campaign

- **On 8 March 2020**, the Minister of Health announced the launch of a free SMS service providing the public with the latest updates on COVID-19.
- **On 13 March 2020**, the Kenyan Ministry of Health launched three hotlines (0800721316, 0732355355, or 0729471414) to receive public inquiries on COVID-19 or reports from individuals who develop symptoms of the virus.
- **On 16 April 2020**, the Ministry of Health distributed 6,000 COVID-19 awareness posters in public places across the country, written in both Swahili and English. The Ministry has also released educational videos on how to prevent transmission in the national TV channel.
- **As of 11 May 2020**, within the bounds of 4.5 million Kenyan nationals were reached by the Religions for Peace (RfP) Interreligious Council of Kenya and the Kenyan Ministry of Health’s media campaign (#KomeshaCorona) encompassing many different platforms of both traditional media and social media. This was so various demographics within the population can be reached, with varying access to technology.

### Educational Institutions

- **On 15 March 2020**, all schools, universities and academic institutions were ordered to close by the Kenyan government.
- **On 27 April 2020**, the closure of schools and universities was extended until June 4th.
- **On 4 June 2020**, the closure of schools and universities was extended until further notice.
- **On 4 January 2021**, schools across Kenya reopened after 9 months of closure.

### Public Transportation

- **On 20 March 2020**, the Kenyan government announced that all public transport including the matatu minibuses should not carry over 60% of its seats capacity. The driver must provide all passengers with hand sanitizers before they board.
- **On 5 April 2020**, wearing a face mask was mandatory onboard public transportation.
- **On 6 April 2020**, all rail, road, private and public transport in, out or within Nairobi, Mombasa, Kwale and Kilifi was suspended.
- **On 9 April 2020**, all rail, road, private and public transport in, out or within Mandera County was suspended.
- **On 9 July 2020**, the SRG train between Nairobi and Mombasa resumed operation with a maximum 50% capacity.

### Workplace and Institutions

- **On 15 March 2020**, all workers at the public, private and government sectors were advised to work from home. Workers providing essential services were allowed to resume working in-person.
- **On 20 March 2020**, a 24 hours rotation system was implemented in factories to promote social distancing.
- **On 25 March 2020**, workers at the public sector who are pregnant or with chronic illnesses were sent on paid leaves.
- **On 7 September 2020**, workers at the private sector were asked to return to office.
- **On 5 November 2020**, all employees over the age of 58 and those with chronic diseases were required to work from home unless working in a critical sector.
Kenya

<table>
<thead>
<tr>
<th>Testing Framework</th>
<th>Contact Tracing</th>
<th>Vaccine</th>
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<tbody>
<tr>
<td>❖ On 6 April 2020, Kenya was able to perform 6,000 COVID-19 tests per day.</td>
<td>❖ As of 14 March 2020, the Kenyan Ministry of Health began tracing all contacts of positive COVID-19 cases.</td>
<td>❖ On 4 January 2021, Kenya signed a contract to purchase the Sinopharm COVID-19 vaccine.</td>
</tr>
<tr>
<td>❖ On 17 April 2020, the Kenyan Ministry of Health launched a nationwide mass testing campaign for COVID-19.</td>
<td>❖ On 13 July 2020, the Kenyan Ministry of Health launched a web-based contact tracing app.</td>
<td>❖ On 3 February 2021, the MOH announced that it will receive 24 million doses of the AstraZeneca-Oxford vaccine which is expected to start arriving in the second week of February. The ministry announced that it aims to vaccinate 1.25 million people before June 2021.</td>
</tr>
<tr>
<td>❖ On 27 April 2020, the Ministry of Health began targeted testing for truck drivers nationwide.</td>
<td>❖ On 1 August 2020, Kenya launched a contact tracing app dedicated to all passengers travelling by air.</td>
<td>❖</td>
</tr>
</tbody>
</table>
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Kenya

Sources