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TWELFTH PARLIAMENT (FIFTH SESSION)

THE SENATE

STANDING COMMITTEE ON HEALTH

FOURTH PROGRESS REPORT ON THE COVID-19 SITUATION IN KENYA

STATUS UPDATE ON THE COVID-19 PANDEMIC SITUATION AND THE IMPLEMENTATION OF THE NATIONWIDE COVID-19 VACCINE DEPLOYMENT

Clerk's Chambers,
 First Floor,
 Parliament Buildings,
 NAIROBI.

~~Rt. Hon. Speaker~~
 you may approve
 for tabling.
 22/11/21

Approved
 30/11/2021

12th October, 2021

DC-EG
 Recommended & forwarded
 for approval
 22/11/2021

ABBREVIATIONS

- MOH - Ministry of Health
- COVAX - COVID-19 Vaccines Global Access
- PPB - Pharmacy and Poisons Board

LIST OF ANNEXURES

- 1. Annex 1:** Minutes of the stakeholder meetings.
- 2. Annex 2:** Ministry of Health (MoH) '*Status Update on the COVID-19 Pandemic Situation and Implementation of the Nationwide COVID-19 Vaccine Deployment*' published on 4th October, 2021.
- 3. Annex 3:** '*Updates on the COVID-19 Vaccination Exercise*, published by the Ministry of Health on 9th October, 2021.

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PREFACE

Mr. Speaker Sir,

The Senate Standing Committee on Health is established under standing order 218(3) of the Senate Standing Orders and is mandated to, “*consider all matters relating to medical services, public health and sanitation.*”

Committee Membership

The Membership of the Committee is composed of the following:

1. Sen. (Dr.) Michael Mbiti, MP.
2. Sen. Mary Seneta, MP.
3. Sen. Beth Mugo, EGH, MP.
4. Sen. Beatrice Kwamboka, MP.
5. Sen. (Prof.) Samson Ongeru, EGH, MP.
6. Sen. (Dr.) Abdullahi Ali Ibrahim, CBS, MP.
7. Sen. Fred Outa, MP.
8. Sen. Ledama Olekina, MP.
9. Sen. Millicent Omanga, MP.

Mr. Speaker,

According to the World Health Organisation (WHO) and the Ministry of Health, as of 1st October, 2021, there had been 233,503,524 confirmed cases of COVID-19 and 4,777,503 worldwide. In Kenya, according to the Ministry of Health, as of 1st October, 2021, there had been 250,114 confirmed cases of COVID-19, 242,535 recoveries and 5,140 deaths across all 47 counties with Nairobi (100,801), Kiambu (16,430), Mombasa (15,485), Nakuru (12,929) and Uasin Gishu (8,382) being the most affected counties, and Mandera (391), West Pokot (376), Tana River (370), Samburu (296) and Wajir being the least affected.

Mr. Speaker,

In order to meet the dire emergency posed by the pandemic, the MoH deployed several interventions, including, but not limited to: a nationwide COVID-19 vaccination drive, activation of a Public Health Emergency Operations Centre, scaling-up of diagnostic capacity; mandatory screening at all points of entry, imposition of travel restrictions, scaling up of isolation and quarantine facilities, distribution of Personal Protective Equipment (PPEs) across the 47 counties, enforcement of various safety measures including social distancing and use of face masks, and enhancement of surveillance activities.

Mr. Speaker,

The Fourth Progress Report on the COVID-19 Pandemic Situation by the Standing Committee on Health details the progress that Kenya has made in implementing these interventions, and particularly, the nationwide COVID-19 vaccination drive.

Mr. Speaker,

It is important to note that the COVID pandemic situation is a highly evolving one: As such, the observations and recommendations contained in this report reflect the current context, as well as the information that was available to the Committee at the time of the writing of this report.

Accordingly, as the COVID-19 outbreak situation evolves, and the Government's policy position and response evolves with it, some of the Committee's observations and recommendations on the COVID-19 pandemic situation may by necessity change or be reviewed.

Mr. Speaker,

It is now my pleasant duty and privilege to present this report of the Standing Committee on Health, for consideration and approval by the House pursuant to Standing Order No. 226(2) of the Senate Standing Orders.

Signed..... 

Date.....12/11/2021.....

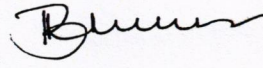
SEN. MBITO MICHAEL MALING'A, MP

CHAIRPERSON, STANDING COMMITTEE ON HEALTH

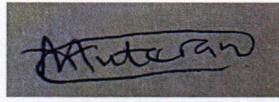
**ADOPTION OF THE REPORT OF THE STANDING COMMITTEE ON HEALTH OF
THE SENATE**

We, the undersigned Members of the Standing Committee on Health of the Senate, do hereby append our signatures to adopt the Report-

1. Sen. (Dr.) Michael Mbito, MP

..... 


2. Sen. Mary Seneta, MP

..... 

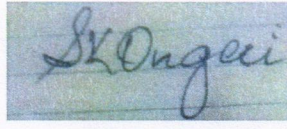
3. Sen. Beth Mugo, EGH, MP



4. Sen. Beatrice Kwamboka, MP

..... 

5. Sen. (Prof) Samson Ongeri, EGH, MP

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6. Sen. (Dr) Abdullahi Ali Ibrahim, MP

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7. Sen. Fred Outa, MP

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8. Sen. Millicent Omanga, MP

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9. Sen. Ledama Olekina, MP

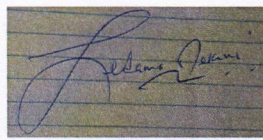
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CHAPTER ONE

INTRODUCTION

A. Establishment, Mandate and Membership of the Committee

The Senate Standing Committee on Health is established under standing order 218(3) of the Senate Standing Orders and is mandated to, “*consider all matters relating to medical services, public health and sanitation.*”

The Membership of the Committee is composed of the following:

1. Sen. (Dr.) Michael Mbito, MP.
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7. Sen. Fred Outa, MP.
8. Sen. Ledama Olekina, MP.
9. Sen. Millicent Omanga, MP.

B. Background

1. About the Coronavirus Disease (COVID-19)

Coronaviruses are a large family of viruses that can cause illness in animals or humans. In humans, several known coronaviruses can cause respiratory infections ranging from the common cold to more severe diseases such as Severe Acute Respiratory Syndrome (SARS) and the Middle East Respiratory Syndrome (MERS).

COVID-19 is a disease caused by a novel strain of coronavirus that was first described in Wuhan, China in December, 2019. It literally stands for, 'CO' - corona; 'VI' - virus; 'D' - disease. It was formerly referred to as the '2019 novel coronavirus' or '2019-nCoV'.

The symptoms of COVID-19 may be similar to the flu or common cold and include: fever, cough and shortness of breath. Other symptoms may include: aches and pains, sore throat, diarrhoea, conjunctivitis, headache, loss of taste and/or smell, skin rashes and discolouration of fingers and toes. In severe cases, the disease causes shortness of breath, difficulty in breathing, chest pain, loss of speech and/or movement, and even death.

The virus is spread through direct contact with respiratory droplets of an infected person (mostly through sneezing and coughing), and touching your face, eyes, mouth or nose after contact with contaminated surfaces. The virus may survive on surfaces for several hours, but is easily killed by simple disinfectants. Older people, and persons with chronic medical conditions such as heart disease, diabetes and hypertension are most at risk of contracting the disease, and developing severe symptoms.

Covid-19 transmission from one person to the next can be slowed or stopped. As with the flu, preventive actions such as handwashing, frequent cleaning surfaces and objects, covering the mouth when coughing and sneezing, social distancing etc, are critical to slowing the spread of the disease.

In recent weeks, there has been a global emergence of new highly transmissible SARS-CoV-2 variants, and a surge of confirmed cases and deaths in the region, and in Kenya in particular.

2. Declaration and Evolution of the COVID-19 Pandemic in Kenya

The World Health Organisation (WHO) declared the COVID-19 outbreak a Public Health Emergency of International Concern on 30th January, 2020. On 13th March, 2020, the Ministry of Health (MoH) announced the first confirmed case of COVID-19 within Kenyan borders.

As of 1st October, 2021, a total of 233,503,524 confirmed cases of COVID-19 had been reported globally, with 4,777,503 deaths. In Kenya, according to the Ministry of Health (MoH), as of 1st October, 2021, there had been 250,114 confirmed cases of COVID-19, 242,535 recoveries and 5,140 deaths across all 47 counties with Nairobi (100,801), Kiambu (16,430), Mombasa (15,485), Nakuru (12,929) and Uasin Gishu (8,382) being the most affected, and Mandera (391), West Pokot (376), Tana River (370), Samburu (296) and Wajir being the least affected.

3. Status of the Global COVID-19 Vaccine Roll-Out

To date, the WHO has approved seven vaccines for deployment, namely: Pfizer BioNTech, Moderna, AstraZeneca, Johnson & Johnson, Sinopharm, Covishield and Sinovac-Coronavac. Except for the Johnson and Johnson vaccine, these vaccines require two doses for optimal immunogenicity and efficacy as detailed below.

Name of Vaccine	Dosage	Vaccine Type	Efficacy	Storage
Pfizer/ BioNTech	2 doses within 3 weeks	mRNA	95%	Sub-Zero
Moderna	2 doses within 4 weeks	mRNA	95%	Sub-Zero
Astrazeneca	2 doses within 4 weeks	Adenovirus vector	70%	Std. refrigeration

Covishield	2 doses within 4 weeks	Adenovirus vector	70%	Std. refrigeration
Johnson and Johnson	Single dose	Adenovirus vector	66%	Std. refrigeration
Sinopharm	2 doses within 3-4 weeks	Inactivated virus	79%	Std. refrigeration
Sinovac-Coronovac	2 doses within 2-4 weeks	Inactivated virus	51%	Std. refrigeration

Presently, the vaccine types available in Kenya now include Astrazeneca, Pfizer, Moderna and Sinopharm.

4. Status of the Nationwide COVID-19 Vaccine Roll-Out

The MoH launched the National COVID-19 vaccination drive on 5th March, 2021. According to the MoH, Kenya received her first vaccines (1,020,000 doses of the Astrazeneca vaccine from COVAX facility as an in-kind contribution, and 100,000 doses of the same from the Government of India as a donation) on 3rd March, 2021. The vaccines were subsequently distributed to all the 47 counties with first dose vaccinations commencing on 8th March, 2021. Administration of the second dose of Astrazeneca began on 28th May, 2021.

As a signed-up member of the WHO-endorsed CoVax facility, Kenya initially targeted to vaccinate 30% (or 15.8 Million) of her population within the initial phase of the roll out of the vaccine. According to the National COVID-19 Vaccines Deployment and Vaccination Plan by the MoH (2021), targeted population groups in order of priority included: healthcare professionals, older persons above the age of 65 and people living with comorbidities, as follows:

- a. FY 2020-2021(Phase 1): 1.25 Million frontline health workers and critical/essential workers;
- b. FY 2021-2022 (Phase 2): 9.76 Million older persons (>50 years), and persons above 18 years with co-morbidities (9.76 Million); and
- c. FY 2022-2023 (Phase 3): 9.8 Million persons above 18 years in congregate settings, and in the hospitality and tourism industry (9.8 Million).

However, following a Presidential directive issued on 24th March, 2021, Kenya's targets for the COVID-19 vaccination roll-out were reviewed with 4 million Kenyan adults expected to be vaccinated by the end of June, 2021, and 26 million by end of June, 2022. According to the MoH, as of 30th June, 2021, Kenya had administered a total of 1,378,585 vaccinations out of which 1,008,120 were first doses, and 370,585 were second doses.

Further, according to the MoH, as of 2nd October, 2021, a total of 2,944,584 Kenyans had received their first dose of the vaccine, while 929,499 persons (majorly, health workers, security officers and those above 58 years) were fully vaccinated. To date, Kenya has administered over 3.6 million vaccine doses.

According to the MoH '*Updates on the COVID-19 Vaccination Exercise*' published on 9th October, 2021, Kenya had received a total of 7,502,820 COVID-19 vaccines as of 9th October, 2021. Vaccination with Moderna started on 24th August, 2021; with Johnson and Johnson on 4th September, 2021, Sinopharm 22nd September, 2021 and Pfizer 6th October, 2021 (*see Annex 3*). Vaccine stock balances at the Central Vaccine Store Kitengela (CVS) as at 9th October, 2021 were as follows:

- a) Moderna - 203, 280
- b) Astrazeneca - Nil
- c) Pfizer - 631,800
- d) Johnson & Johnson - 207, 400
- e) Sinopharm - 170,000

Total COVID-19 vaccine stock balances: 1,212,480

According to the MoH, the best-performing counties in terms of total number of persons vaccinated include:

- a) Nairobi: 384,555 (12.6% fully vaccinated)
- a) Kiambu: 78,162 (4.8%)
- b) Nakuru: 54,032 (4.2%)
- c) Nyeri: 48,529 (9.5%)
- d) Uasin Gishu: 40,603 (5.9%)

Conversely, counties with the least number of vaccinated persons were identified as follows:

- a) Wajir: 2,187 (0.6%)
- b) Isiolo: 1,969 (1.5%)
- c) Marsabit: 874 (0.4%)
- d) Tana River: 836 (0.6%)
- e) Lamu: 774 (0.9%)

With regards to progress made in meeting vaccination targets amongst target population groups, according to the MoH, as of 9th October, 2021, 33.4% of the total target population groups had been fully vaccinated broken down as follows: 70.3% of health workers; 40.9% of teachers; and, 10.6% of persons aged above 58 years of age (*see Annex 3*).

To note, with the COVID-19 pandemic situation remaining fluid and unpredictable, the nationwide COVID-19 vaccine roll-out is expected to play a critical role in limiting the impact of the pandemic as a key essential element of Kenya's COVID-19 pandemic preparedness and response.

A summary of the Committees' findings, observations and recommendations arising from its stakeholder meetings on the nationwide COVID-19 vaccine roll-out have been captured in subsequent sections of this report.

CHAPTER TWO

COMMITTEE PROCEEDINGS

A. Ministry of Health

Led by Hon. Mutahi Kagwe, EGH, Cabinet Secretary, MoH, the Committee met with the Ministry of Health in relation to the status of the COVID-19 pandemic situation and the national COVID-19 vaccine roll-out exercise on Wednesday, 6th October, 2021.

Key highlights of submissions by the MoH are summarised below:

1. Status Update on the COVID-19 Pandemic Situation as of 3rd October, 2021

According to the MoH, as of 1st October, 2021, there had been 250,114 confirmed cases of COVID-19, 242,535 recoveries and 5,140 deaths across all 47 counties with Nairobi (100,801), Kiambu (16,430), Mombasa (15,485), Nakuru (12,929) and Uasin Gishu (8,382) being the most

affected, and Mandera (391), West Pokot (376), Tana River (370), Samburu (296) and Wajir being the least affected.

With regards to the response measures that the Government had put in place to combat the pandemic, the MoH submitted that it had put in place key interventions as follows:

- a) **Coordination of Response:** The Government had adopted a whole-of-Government, multi-agency approach in accordance with Executive Order No. 2 of 2020 which was issued by H.E. the President on 28th February, 2020. Accordingly, a National Emergency Response Committee had been established to coordinate the pandemic response.
- b) **COVID-19 Vaccine:** The Government had launched COVID-19 vaccinations on 5th March, 2021 after receiving 1,120,000 doses of the Astrazeneca vaccine through the COVID-19 Vaccines Global Access (COVAX) facility.

As of 2nd October, 2021, a total of 2,944,584 persons had received their first dose, while 929,499 were fully vaccinated including target population groups such as frontline health workers, security officers, teachers, and persons aged 58 years and above.

- c) **Full activation of the Public Health Emergency Operations Centre:** The Public Health Emergency Operations Centre had been fully activated for purposes of coordinating response measures, and providing daily situation reports. Further, the PHEOC was responsible for investigating any alerts of COVID-19, and contact-tracing.

Further, in collaboration with the World Health Organisation (WHO), the MoH had conducted capacity-building of sub-county rapid response and contact-tracing teams in the counties. In addition, the MoH had consistently reported on the status of the COVID-19 pandemic in line with the International Health Regulations of 2005.

- d) **Diagnostic Capacity:** The Government had acted to scale-up diagnostic capacity across the country with a total of eighty-eight (88) public and private laboratories being accredited in thirteen counties, that is: Nairobi, Kisumu, Mombasa, Kilifi, Wajir, Kericho,

Uasin Gishu, Machakos, Busia, Nakuru, Kajiado, Trans Nzoia and Mandera. Cumulatively, a total of 2,572,609 COVID-19 samples had been tested.

- e) **Screening:** Mandatory screening of cargo vessel crew was ongoing at all ports of entry to minimise the risk of importation of additional cases from other affected countries. Additionally, Port Health Services and other stakeholders had put in place safety measures at all ports of entry to ensure the safety of travellers in line with the MoH guidelines.
- f) **Travel Restrictions:** A countrywide dusk-to-dawn curfew (2300hrs to 0400hrs) was established on 26th March, 2020 and remained in force.
- g) **Isolation/Quarantine Facilities:** The National and County Governments had established a total of 7411 isolation beds and 319 ICU beds across the counties. These were expected to contribute towards the achievement of Universal Health Coverage (UHC) and medical tourism beyond the COVID-19 pandemic period.
- h) **Personal Protective Equipment:** The MoH had, and continued to distribute complete PPEs to counties.
- i) **Community involvement:** The Government had fully engaged *Nyumba Kumi* initiative committees to support outbreak response measures. The Ministry was also utilizing community health volunteers (CHVs) to enhance COVID-19 detection and reporting at household level. Thirty-four million community members have been reached with COVID-19 messages.
- j) **Social distancing and use of face masks:** The Government had implemented multiple strategies to limit person to person transmission of COVID-19 in the country. These included: closure of learning institutions; postponement of large gatherings and events; and, maintenance of 60% maximum seating capacity in public and private conveyances to minimize crowding of persons. Further, the Government was also enforcing mandatory

use of face masks in public places as an additional measure to curb the spread of the virus.

k) Enhancement of surveillance activities: Following the emergence of new COVID-19 variants globally, and a surge of cases in countries within the region, Kenya remained at high risk of importing new variants of the virus with an attendant risk of a high resurgence of cases and deaths. In view of the above, the MoH had sent out a circular to the counties, particularly those with official Points of Entry, and international borders to bolster surveillance efforts, and institute strong response systems aimed at detecting and containing the spread of new COVID-19 variants. Further to the above, the MoH had stepped up genomic surveillance.

2. Status of the Implementation of the COVID-19 Vaccine Deployment Exercise

According to Hon. Mutahi Kagwe, EGH, the MoH launched the National COVID-19 vaccination drive on 5th March, 2021. During the first phase, the Government targeted the vaccination of frontline workers, including health staff, teachers and security officers. Subsequently, persons aged 58 years and above were also prioritised. He further reported that Kenya was on track to ensure that all frontline workers were fully vaccinated.

He however submitted that a key challenge impeding the vaccination deployment exercise was the global vaccine supply chain. In relation to the above, he noted that Kenya had received only 1,458,700 doses of Astrazeneca as at the week of June 2021 against a requirement of 2.5 million doses needed to fully vaccinate approximately 1.25 million frontline workers. As of June, 2021, Kenya had administered a total of 1,378,585 vaccinations out of which 1,008,120 were first doses, while 370,585 were second doses.

He further submitted that the second phase of the vaccination drive commenced on 1st July, 2021 and was expected to run up to 31st December, 2021. Kenya's target was to administer 10 million vaccinations by the end of the second phase. He further noted that the global vaccine supply chain situation was improving with Kenya having received 6,353,820 vaccine doses at the time of the meeting. These included 393,600 Johnson and Johnson vaccines which the government

had procured through the African Union African Vaccine Acquisition Trust (AVAT) mechanism. In addition to Astrazeneca and Johnson and Johnson, Kenya had also received other vaccines, namely: Pfizer, Moderna and Sinopharm.

At the time of the meeting, Kenya had administered 3.6 million vaccinations with 886,760 persons being fully vaccinated.

With regards to priority target population groups, Hon. Mutahi Kagwe stated that 74,529 security officers, 141,069 health workers, 128,633 teachers and 253,920 persons aged above 58 years were now fully vaccinated.

Of major concern was the low vaccination coverage of persons aged 58 years above at just 10% coverage. In order to reverse the trend, the MoH was working in collaboration with counties and religious leaders to ensure access. Further, the MoH had advised counties to deploy community health workers to register and reach them through targeted outreach activities.

With the global vaccine supply chain improving, Hon. Mutahi stated that the MoH had revised its deployment plan to facilitate the administration of multiple doses as follows:

- a) Training of 3,500 health workers on multiple vaccines administration;
- b) Scaling-up of vaccination posts from 800 to 3000 across the country;
- c) Expansion of priority groups to include persons aged above 50 years, persons in congregate settings like prisons and workers in the hospitality and transport sectors.
- d) Targeted outreach activities to priority groups such as the elderly.
- e) Scaling up of a communication campaign through the placement of advertisements in national and vernacular media.

He further submitted that during the third phase (January - December, 2022), Kenya was projected to receive approximately 25 million doses of different COVID-19 vaccine types including 13 million doses of the single shot Johnson and Johnson vaccine. During this phase, the government aimed to reach the entire adult population of 26 million Kenyan adults (over 18

years). Subsequently, the government intended to open access to all Kenyans including teenagers once the requisite regulatory approvals were provided by the Pharmacy and Poisons Board.

Copies of the written submissions by MoH have been attached hereto as Annex 2.

CHAPTER THREE

COMMITTEE OBSERVATIONS

The Committee made the following observations:

a) Status of the COVID-19 Pandemic Situation in Kenya

1. According to the Ministry of Health, as of 1st October, 2021, there had been 250,114 confirmed cases of COVID-19, 242,535 recoveries and 5,140 deaths across all 47 counties with Nairobi (100,801), Kiambu (16,430), Mombasa (15,485), Nakuru (12,929) and Uasin Gishu (8,382) being the most affected counties, and Mandera (391), West Pokot (376), Tana River (370), Samburu (296) and Wajir being the least affected.
2. In order to meet the dire emergency posed by the pandemic, the MoH deployed several interventions, including, but not limited to: deployment of a whole-of-Government multi-agency approach; a nationwide COVID-19 vaccination drive, activation of a Public Health Emergency Operations Centre, scaling-up of diagnostic capacity; mandatory screening at all points of entry, imposition of travel restrictions, scaling up of isolation and quarantine facilities, distribution of Personal Protective Equipment (PPEs) across the 47 counties, enforcement of various safety measures including social distancing and use of face masks, and enhancement of surveillance activities.

b) Status of the National COVID-19 Vaccination Roll-Out

3. To date, the WHO has approved seven vaccines for deployment, namely: Pfizer BionTech, Moderna, AstraZeneca, Johnson & Johnson, Sinopharm, Covishield and Sinovac-Coronavac. Of these, Pfizer, Moderna, Astrazeneca, Johnson and Johnson and Sinopharm are available for use in Kenya.
4. According to the MoH, Kenya had received a total of 7,502,820 COVID-19 vaccines as of 9th October, 2021. The vaccine stock balance at the Central Vaccine Store in Kitengela (CVS) as at 9th October, 2021 was 1,212,480 broken down as follows (*see Annex 3*):

a. Moderna - 203, 280	d. Johnson & Johnson - 207,
b. Astrazeneca - Nil	400
c. Pfizer - 631,800	e. Sinopharm - 170,000
5. The Committee noted that in light of an improving global supply of COVID-19 vaccines, Kenya had adopted a phased approach aimed at ensuring that the entire adult population (aged 18 years above) are fully vaccinated by 2022 as follows:

- Phase 1 (FY 2020/2021): 1.25 Million frontline workers, including health staff, security officers, teachers and persons aged 58 years and older;
 - Phase 2 (1st July, 2021 to 31st December, 2021): 10 Million vaccinations; and
 - Phase 3 (January - December, 2022): 25 million vaccinations, including 13 million doses of the single shot Johnson and Johnson vaccine..
6. The Committee further observed that the MoH had adopted various strategies aimed at increasing the uptake of COVID-19 vaccines across the country, including (but not limited to): conducting training and capacity-building of health workers; scaling up vaccination posts from 800 to 3000 countrywide; expansion of priority population groups to include persons in congregate settings like prisons, and workers in the transport and hospitality sectors; targeted outreach activities; and scaling up of a communication campaign.

c) County Performance in the COVID-19 Vaccination Exercise

7. The Committee observed that according to the MoH '*Updates on the COVID-19 Vaccination Exercise*' published on 9th October, 2021, the best-performing counties in terms of total number of persons vaccinated included:
- a. Nairobi: 384,555 (12.6% fully vaccinated)
 - b. Kiambu: 78,162 (4.8%)
 - c. Nakuru: 54,032 (4.2%)
 - d. Nyeri: 48,529 (9.5%)
 - e. Uasin Gishu: 40,603 (5.9%)
8. Conversely, the Committee observed that the MoH had identified the counties with the least number of vaccinated persons as follows:
- a. Wajir: 2,187 (0.6%)
 - b. Isiolo: 1,969 (1.5%)
 - c. Marsabit: 874 (0.4%)
 - d. Tana River: 836 (0.6%)
 - e. Lamu: 774 (0.9%)

d) Country Performance in Key Target Populations

9. In relation to Kenya's performance in key target populations, the Committee noted that, according to the MoH, as of 9th October, 2021, 33.4% of the total target population groups had been fully vaccinated against COVID-19 broken down as follows: 70.3% of health workers; 40.9% of teachers; and, 10.6% of persons aged 58 years and above.
10. The Committee further noted that the proportion of persons aged 58 years and above who had been fully vaccinated remained worryingly low at just 10.6% that is, 253,920 fully vaccinated persons aged above 58 years against a target of 2.4 million.

e) Presence of COVID-19 Variants in Kenya

11. With regards to the presence of COVID variants in the country, the Committee noted that according to the MoH, the emergence of new COVID-19 variants globally, and a surge of cases in countries within the region had put Kenya at a high risk of importing new variants of COVID-19 with an attendant risk of recording a resurgence of cases and deaths
12. Noting that the COVID-19 variants had been proven to be highly transmissible, and more devastating to the life and health of victims, the Committee observed that there was need for the MoH to scale-up surveillance activities against all COVID-19 variants, with a view towards instituting early detection and containment measures, and avoiding any further strains on the country's fragile and overwhelmed health system.

CHAPTER FOUR

COMMITTEE RECOMMENDATIONS

Based on the foregoing, the Committee made the following recommendations:

1. That the MoH act expeditiously to implement all contingency measures aimed at ensuring that Kenya is able to fully vaccinate her entire adult population of 26 million by 2022;
2. That the MoH and the COG convene a consultative forum with County Governments aimed at improving county performance in the rate of COVID-19 vaccinations and addressing prevailing challenges that may be limiting their capacity to perform;
3. That the MoH and County Governments collaborate to increase the vaccination coverage of persons aged 58 years and above through targeted outreach programs, public awareness campaigns etc;
4. That the MoH and County Governments collaborate to deploy a community health strategy aimed at ensuring Kenya meets her COVID-19 vaccination targets by the year 2022;
5. That the MoH act expeditiously to ensure that Kenya has the necessary capacity to meet the cold chain system and vaccine storage facilities requirements demanded by the increased supply of COVID-19 vaccines;
6. That the MoH, KEMRI and other academic and research institutions act urgently to collaborate for purposes of vaccine development and assessing the impact of COVID-19 vaccination drive with a view towards informing official government policy and actions;
7. That the MoH act urgently to prioritise, scale up and strengthen scale-up surveillance activities against all new COVID-19 variants, with a view towards instituting early detection and containment measures, saving lives, and avoiding any further strains on the country's fragile and overwhelmed health system; and,

The Committee therefore determined that:

1. This report be dispatched to the Ministry of Health for purposes of implementing its recommendations and reporting back to the Committee within **three (3) months** receipt of this report.