

EPR BULLETIN

EMERGENCY PREPAREDNESS RESPONSE



World Health
Organization

Kenya

FEBRUARY 2025 - APRIL 2025



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Kenya

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Cover Photo: Acting WHO African Regional Director, Dr. Chikwe Ihekweazu, visited the regional emergency Hub and warehouse, where he was briefed on ongoing operations and deployment mechanisms.

MESSAGE FROM THE WHO KENYA REPRESENTATIVE

Dear partners, donors and colleagues,

The first quarter of 2025 has demonstrated Kenya's strong leadership in public health through timely response, collaboration, and unwavering commitment to protecting communities.

This bulletin captures key interventions between February and April 2025, led by Ministry of Health, supported by WHO Kenya our partners.

In response to the ongoing cholera outbreak, WHO supported the deployment of rapid response teams in Nairobi, Migori, and Kisumu to strengthen surveillance, case investigation, water testing, and community engagement. More than 1,600 people can now be treated with WHO supplied cholera kits, while oral rehydration points and infection prevention measures have been scaled up in high risk facilities.

Kenya also achieved remarkable success in its national polio vaccination campaigns conducted in February and April. Over 1.76 million children under five were immunized, with coverage reaching 109.9 per cent across Mandera, Marsabit, Wajir, and Garissa counties.

Beyond outbreak response, WHO continues to support Kenya in completing its self-assessment using the State Party Annual Reporting tool, which evaluates the country's capacity to prevent, detect and respond to health threats under the International Health Regulations.



Additionally, in Garissa County, WHO supported the county in mapping health and migration risks at points of entry to improve cross border disease detection and response.

With support from the European Union Civil Protection and Humanitarian Aid, Kenya also received 10,700 doses of the mpox vaccine, enhancing protection for vulnerable populations.

In April, we marked World Health Day in Kajiado County by joining community leaders and health workers to celebrate progress in maternal health. Through community outreach, facility clean ups, and the distribution of Mama and Dignity Kits, we reinforced our shared commitment to respectful and inclusive care for all.

As WHO, we remain committed to supporting Kenya's health priorities through evidence based action, trusted partnerships, and shared responsibility.

Dr Abdourahmane Diallo

In Numbers: Cholera Outbreak



Updated Statistics from **4th May 2025**

220

Cases

56% men, 44% Women.



11

Loss of life

Case Fatality Rate 5.2%



35

Cases confirmed

the presence of *Vibrio cholerae* serogroup O1, biotype Ogawa.



52%

of the cases are aged
between **15 - 44** years old



4 /47

Counties with confirmed cases

Counties include **Kisumu, Nairobi , Migori and Kwale**



Cholera outbreaks in counties such as Nairobi, Kisumu, and Migori are driven by a combination of risk factors overcrowded informal settlements, inadequate sanitation, poor waste management, and limited access to safe drinking water.

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Ruth Kanyuri, WHO Surveillance Officer pictured in Kibra Sub County, working alongside community health workers to strengthen disease surveillance efforts.

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Responding to Cholera in Nairobi With Targeted Action



April



Carried out by the Ministry of Health with support of WHO.

With **49 suspected cholera cases, 12 confirmed cases and one death reported across 14 of Nairobi's 17 sub-counties**, Kenya's capital is facing a serious public health threat. The outbreak is being heightened by the ongoing long rains, expected to continue through May.

WHO, the Ministry of Health and partners are working closely to ensure an effective and coordinated response. WHO have previously trained rapid response teams who have been deployed to three high risk counties including Migori, Kisumu and Nairobi to strengthen surveillance, support case investigation, conduct water sampling and laboratory testing and engage affected communities. The collaborative team has also updated the outbreak response plan and facilitated the dispatch of critical supplies, as outlined on the next page.

In Nairobi County, WHO has stationed a surveillance officer and technical officers at the Emergency Operations Centre to support contact tracing and health data analysis. Efforts on the ground include scaling up oral rehydration points across Nairobi's health facilities. At Njiru Level 4 Hospital and Huruma Lions Health Centre, supportive supervision has led to improved patient flow and infection prevention. Signage, handwashing stations, and hygiene supplies have also been upgraded to reinforce community protection. To ensure early treatment of suspected cases, oral rehydration points are being repositioned to maintain separation between cholera patients and general outpatient services. The response has been guided by real-time data and rapid diagnostic testing.

WHO Supplies Migori & Nairobi with **Cholera Management Kits**



March - April, 2025



WHO and the Ministry of Health

48

Specialized cholera kits handed over to the Emergency Operations Centre for outbreak support

1,600

Total estimated cholera patients that can be reached through treatment, diagnosis and outbreak containment

111

Units of other non medical supplies which include **gowns, pool testers** and **a general health kit** were also supplied

Items included



Community Cholera Kits



Laboratory Cholera Kits



Rapid Diagnostic Test Kits



Periphery Cholera Kits

Supplies delivered to 2 counties including:



Migori



Nairobi



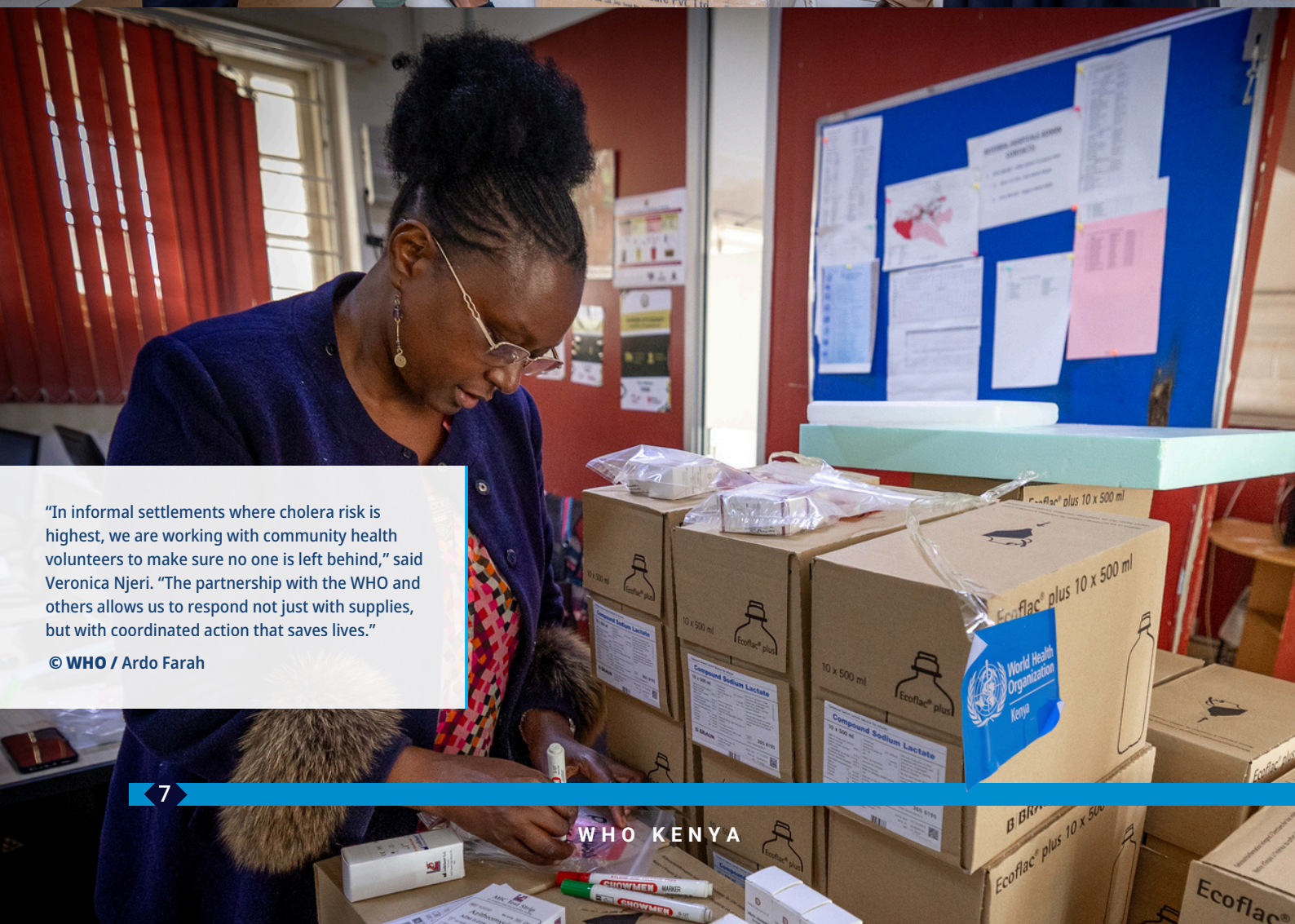
[Images](#) [Next Page](#)





"From water testing kits to diagnostic tools, these supplies are being sent directly to the sub counties that need them most," said Veronica Njeri, Manager of the Nairobi County Emergency Operations Centre. "They will support early case detection, safe treatment, and help health workers do their jobs safely and effectively."

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"In informal settlements where cholera risk is highest, we are working with community health volunteers to make sure no one is left behind," said Veronica Njeri. "The partnership with the WHO and others allows us to respond not just with supplies, but with coordinated action that saves lives."

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Anne Muenge, WHO Data Analyst, and Nancy Nyoike, Medical Laboratory Officer at the Nairobi Emergency Operations Centre, tracking and recording supplies, including Rapid Diagnostic Tests for sub-counties and Culture Kits for Level 5 hospitals.

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Ruth Kanyuri, WHO surveillance officer supporting field investigations, emphasized; “Through these efforts, we aim for a more informed and prepared community, one that knows the signs of cholera and acts quickly.”

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Community health promoters go door to door, sharing critical information on hygiene, safe water use, and early treatment to curb the spread of cholera.

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Strengthening Cholera Prevention Through **Community Health Promoters**



April



Carried out Ministry of Health with support of WHO.

Community health promoters are an integral part of ensuring communities are reached during emergency outbreaks. There are **104,000 community health promoters across the 47 counties**. For every 5,000 people, there are 10 community health promoters who offer preventive and basic health services. With the ongoing cholera outbreak, which has resulted in **171 confirmed cases and nine deaths**, community health promoters going door to door are the backbone of efforts to mitigate the spread and provide the community with information that helps prevent and protect against the disease.

To contain the spread, the Ministry of Health, with support from WHO, is working closely with community health promoters. These frontline workers visit households to share vital health messages, identify symptoms of illness, manage minor cases like diarrhoea, and refer severe cases to health facilities. They ensure households have clean water, toilets, handwashing stations, and proper waste disposal. They also promote early healthcare-seeking, support home-based care, and strengthen links between communities and health facilities.

“We’re not just treating cholera we’re stopping it at the source by working with the people,” says Jane Mwetheri, Sub-County Health Promotion Officer for Kasarani and Embakasi North. “You will not end the outbreak without the community. They need to be aware of what is happening and how the disease can spread, the signs and symptoms and how to prevent it.”



Health Education and Promotion

At the home of Esther, a 62 year old cholera survivor in Ruai, Kasarani Sub-County, community health promoters talks to her and her family, providing them with information on how to prevent and protect themselves from the spread of cholera.



Distribution of Health Commodities

Community health promoters guided the family on the effective use of aqua tabs advising them to use clear water, dissolve the tablet inside their jerrican, and wait 30 minutes before drinking to ensure it's safe from cholera and other waterborne diseases.



Hygiene Demonstration

As part of hygiene promotion, a health promoter demonstrates proper handwashing scrubbing under the nails to a family which has been impacted by cholera. This reinforces key cholera prevention practices and empowers families to adopt safer daily routines.



Information Education and Communication Materials

Placing posters in public areas that are easy to see reinforces key messages on hygiene, safe water use, and early symptom recognition. These materials are essential tools in strengthening community awareness and driving behaviour change.



Communication Materials Ahead of June Campaign



April



Ministry of Health and WHO

Kenya's Ministry of Health is preparing for the upcoming June vaccination campaign, which aims to reach 7.5 million children with the Measles Rubella vaccine and 21 million with the Typhoid Fever vaccine. To ensure the success of the campaign, the Ministry of Health and partners are already developing communication materials.

Mothers and healthcare workers from 15 counties reviewed draft materials and provided feedback to ensure the messages are clear, trusted, and help counter misinformation. Their insights are now being analysed by the Ministry of Health and communication experts to guide the final design. With this valuable input, the goal is to produce materials that are not only informative but effective in supporting the campaign's success.

Kenya Strengthens Against Neglected Tropical Diseases



November



Ministry of Health, WHO

Kenya reaffirmed its goal to eliminate three neglected tropical diseases by 2027 during a national stakeholders' forum held in Naivasha and Machakos. The meeting brought together the national and county neglected tropical disease programmes, partners, and representatives from sectors such as education, water, sanitation and hygiene.

Facilitated by the WHO, the forum reviewed progress at the midpoint of the 2030 global roadmap and identified ways to accelerate progress and sustain gains, amid declining resources. Participants also completed Kenya's 2026 joint application package for donated medicines. This ensures timely access to free medicines donated by pharmaceutical companies through a WHO platform.



Nearly 1.76 Million Children Vaccinated Against Polio in 2025



April



Ministry of Health, WHO,
Unicef, Gavi & Partners

Kenya continues to advance in the fight against polio. In a two round campaign in February and April 2025, more than 1.76 million children under five were reached across Mandera, Marsabit, Wajir, and Garissa counties achieving an impressive 109.9% coverage.

“We strengthened preparedness and response by supporting vaccination teams, engaging communities, and improving real-time data use,” said Dominic Nyarko, who contributed to training staff on digital tools for better supervision and cross-border coordination. This synchronised campaign with Somali and Ethiopia not only protect our own populations but also contribute to global health security by preventing the virus from spreading beyond their borders. Polio knows no borders, and neither should the fight to eradicate it.





WHO Acting Regional Director for Africa: **Visits Kenya**



April



WHO and Ministry of Health

WHO's Acting Regional Director for Africa, Dr. Chikwe Ihekweazu, concluded a strategic visit to Kenya aimed at deepening collaboration on national health priorities and enhancing regional emergency response capacities.

During the visit, Dr. Ihekweazu held high-level bilateral discussions with Kenya's Cabinet Secretary for Health, Hon. Aden Duale. The meeting focused on Kenya's response to ongoing public health challenges including Mpox, Cholera, Kala-azar, Polio, and Measles. Progress on the establishment of the National Public Health Institute was also discussed, reflecting a shared commitment to strengthening public health infrastructure.

WHO remains committed to supporting Kenya's pursuit of Universal Health Coverage and sustainable health security, working in close collaboration to protect communities from emerging and re-emerging health threats.

As part of the visit, Dr. Ihekweazu met with staff from WHO Kenya and engaged with colleagues as well. He also visited the Hub which was established in 2017, created to help countries in southern and eastern Africa to build national and sub national capacities for emergency preparedness and response. Situated in Nairobi, its strategic location has minimised response time to countries in the region, offering more immediate support and reducing reliance on international actions.



Emergency Hub

In Southern and Eastern Africa alone, more than 100 public health emergencies are recorded annually. With the establishment of the WHO Emergency Hub in 2017, response time to health emergencies in the region has reduced from an average of 45 days to 3 days.



Emergency Warehouse

Fatima Tafida, WHO Regional Supply Chain Lead, takes Dr. Chikwe and team on a tour of WHO's emergency warehouse in Nairobi. The facility stores and distributes essential supplies to support timely and strategic responses to health emergencies across Eastern and Southern Africa.



WHO Kenya Team

WHO Kenya staff presented on our areas of focus, partnerships, and contributions to health emergency response, health systems strengthening, and Universal Health Coverage. The visit offered an opportunity to exchange insights and deepen regional collaboration.



Regional and Country Level Collaboration

This meeting is essential as it strengthens coordination between regional leadership and country teams, reinforces alignment on strategic priorities, and ensures that on the ground efforts are supported, visible, and informed by regional goals



Strengthening Health Security: Through Annual SPAR Assessment



February



Ministry of Health, WHO, AMREF,
Kenya Red Cross, CDC & more

The Ministry of Health, in collaboration with the WHO and other key partners, convened for a three day workshop. The event brought together over 100 participants, who focused on conducting the state party self assessment annual reporting, a mandatory requirement under the international health regulations monitoring and evaluation framework.

This self assessment aims to evaluate the country's capacity to detect, assess, notify, and respond to public health concerns of international importance. It focuses on 15 core capacities examines grouped in areas such as legislation and policy, coordination, surveillance, response, preparedness, risk communication, human resources, and laboratory capabilities, among others. Participants rated national capacities using a structured tool provided by WHO. Each of the 15 capacities is assessed through a set of indicators, with performance rated on a five-level scale: from Level 1 to Level 5. You can find the current evaluation 2024 on the next page.

This approach ensures a standardised evaluation and helps countries identify strengths, gaps, and areas needing improvement. Reported annually, it is one of the key instruments used alongside external evaluations like the joint external evaluation, after-action reviews, and simulation exercises, which all enhance global public health preparedness.

During the opening ceremony, Dr. Sultani Matendehero emphasized the role of the International Health Regulations and the Self assessment tool, saying, “The IHR gives a good platform to address health issues and provides the opportunity for us to assess ourselves... If each Member State does this, we can effectively respond to public health concerns of international concern.”

Dr. Elizabeth Nzioka, an epidemiologist at the Public Health Emergency Operations Center, stressed the urgency of preparedness amid regional outbreaks. “In East Africa, recent cases of Marburg and Ebola virus disease place our country at high risk of importation. she noted, adding that stagnant scores in some areas demand targeted efforts to boost prevention, detection, and response.

Beyond infectious disease outbreaks, the discussions also called attention to preparedness for chemical and radiation hazards. Highlighting the need for an all hazards approach which means that chemical risks are mapped and response mechanisms established. Dr. Nzioka recalled, “last year in July we faced a chemical emergency when a lorry carrying cyanide was involved in an accident. Our response team had to quarantine the area to prevent exposure to humans and the environment.” She added, “with the rising global concern over radiation threats, we must also build our capacity to detect and manage radiation related emergencies effectively.”

Building a skilled public health workforce also stood out as a key priority. Dr. Ahmed Abade, from the African Field Epidemiology Network, emphasised the urgency of developing Kenya’s public health workforce to ensure rapid and effective responses to emergencies. “To respond effectively to public health threats, we must develop a critical mass of trained professionals. The ongoing mpox outbreak is a reminder that workforce capacity is key.”

As Kenya continues to strengthen its public health readiness, the workshop reaffirmed the need for a comprehensive, all-hazards approach to health emergencies. Whether confronting infectious diseases, chemical spills, or radiation threats, the emphasis remains on early detection, coordinated response, and sustained capacity-building. Through tools like SPAR and collaborative efforts guided by the IHR framework, the country is advancing towards a more resilient, responsive, and interconnected health security system.

Kenya Self Assessment Scores 2024

- Key.** The numerical sub labels (e.g., C1.1, C1.2) refer to specific indicators assessed under that capacity.
- The scores follow a 5 level scale

CORE CAPACITY	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL5
1. Policy, Legal and normative Instruments to implement IHR	C 1.1 & C1.2				
2. IHR Coordination, National IHR Focal Point functions and advocacy		C 2.1		C 2.2 & C 2.23	
3. Financing		C 3.2	C 3.1		
4. Laboratory		C 4.1 & C 4.2		C 4.5, C4.4 & C 4.3	
5. Surveillance				C 5.2 & C 5.1	
6. Human Resources	C 6.2		C 6.1		
7. Health emergency management		C 7.3	C 7.1		C 7.2
8. Health services provision		C 8.2		C 8.3 & C 8.1	
9. Infection prevention and control (IPC)		C 9.3, C 9.2 & C 9.1			
10. Risk communication and community engagement (RCCE)			C 10.3 & C10.2	C 10.1	
11. Points of entry (PoEs) and border health	C 11.3			C 11.2 & C 11.4	
12. Zoonotic disease				C 12	
13. Food and Safety		C 13.			
14. Chemical Events		C 14.			
15. Radiation Emergencies				C 15.	



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Mapping Migration and Health Risks: In Garissa County



March



Kenya's Ministry of Health and WHO

The Ministry of Health and WHO, together with local health authorities, conducted a mapping activity and workshop in Garissa County from 3rd to 6th March 2025.

Garissa County, which hosts the Dadaab refugee complex home to more than 400,000 refugees has experienced repeated disease outbreaks. In 2025, over 1,000 measles cases have been recorded, underlining the urgency of timely disease detection and prevention.

Of the current refugee population, over 201,000 are women, and more than 129,098 are children under five a demographic especially vulnerable to vaccine preventable diseases and other health risks.

The regions ongoing cross-border movement particularly through unofficial entry points has made disease control even more challenging.

As the population tends to often move in search of food, water, education, safety, or medical care, sometimes without prior screening or access to health services, this situation poses serious health risks not only for these mobile populations but also for host communities.

To address these challenges, a participatory mapping exercise was conducted in Garissa town with 25 participants representing Dadaab, Fafi, and Hulugho sub-counties.

These included members of the county health management team, sub county surveillance officers, community representatives and frontline health workers. The exercise focused on understanding migration patterns, identifying areas of vulnerability, and informing future health interventions for refugees, migrants, and nomadic communities living along Kenya's border with Somalia.

The group identified key entry points to Kenya, congregation areas, and transit locations where migrants and host populations interact that are often vulnerable to health emergencies such as disease outbreaks.

Following the workshop, multidisciplinary teams conducted field visits on the 4th to 6th of March across 51 identified sites to verify and gather data through direct observation and interviews. The findings confirmed that many health facilities along the border lacked adequate human resources and essential supplies.

The mapping exercise not only enhanced the understanding of human mobility in Garissa County but also strengthened collaboration between national, county, and community health actors. It has provided a foundation for more targeted and informed public health interventions.

Moving forward, the World Health Organization and the Ministry of Health plan to use the data collected to create a digital base map that will be updated regularly. They will also continue to train healthcare workers, deploy outreach teams to remote and border health facilities.

Radio broadcasts, produced in local languages, are planned to support outreach, alongside greater involvement of community health volunteers and promoters. Speaking on the importance of this initiative, Abdiwahid Noor, the Refugee and Migrant Health Officer, noted “In fragile settings like Garissa, understanding human mobility is essential to preventing disease outbreaks and ensuring timely, inclusive healthcare”.

The WHO remains committed to supporting evidence-based, community-driven responses. Together with the Ministry of Health and local partners, WHO is working to detect, prevent and respond to disease outbreaks and ensure timely public health interventions.



Participatory exercise to review base map



The exercise required a **multidisciplinary team**



Field visit to interview new arrival in Hagadera refugee camp



Participatory Mapping Exercise, Garissa, 3rd March 2025

In Numbers: Mpox Outbreak



Updated Statistics from 42025



97

Cases confirmed

53% women, 47% men



14 /47

Counties with confirmed cases

Counties include Taitaveta, Busia, Migori Nairobi, Nakuru, Mombasa, Makueni, Kajiado, Bungoma, Kericho, Kilifi, Uasin Gishu, Kisii and Kiambu.



2

Loss of life

Case Fatality Rate 2.1%



13

Cases were truck drivers



4.4m

Travellers screened for mpox

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



521

Mpox samples tested in laboratories

97 positive, 419 negative



330

Contacts listed

These individuals were in contact with confirmed positive mpox cases. **9 contacts developed symptoms** and tested positive.



WHO to Support the Distribution of **Mpox Vaccines**



April, 2025



EU, WHO, Ministry of Health, Africa CDC, AMREF, UNICEF and US CDC

Thanks to **EU Civil Protection & Humanitarian Aid**,

10,700

vaccines were handed over to Kenya's Ministry of Health.

These vaccines support the country's outbreak response by enabling targeted immunization, reducing the severity of cases, and preventing new infections.





Strengthening **Port Health Services** at Jomo Kenyatta Airport



March



Ministry of Health with support of WHO.

Kenya's Ministry of Health's Port Health Services with support from WHO revised Standard Operating Procedures during a three-day workshop at Jomo Kenyatta International Airport. The updated Standard Operating Procedures provides **clear guidance** on disease surveillance, infection prevention, ill traveller management, and emergency coordination.

This revision was **prompted by evolving public health threats** and insights gained from recent outbreaks such as Mpox, Sudan Virus Disease and Marburg. The updates align with the International Health Regulations (IHR 2005), ensuring Kenya's border health measures reflect global best practices.

The workshop builds on a previous training of 40 frontline officers from major airports, seaports, and land border crossings conducted last year.

Together, the training and updated Standard of Operating Procedures help reduce disease transmission, chemical exposure, and injuries, while improving safety and patient care at Kenya's points of entry.





World Health Day Celebrations: Putting Mothers and Newborns First



April



WHO, Kajiado County Government, Ministry of Health, UNICEF & Partners

WHO Kenya joined hands with the Ministry of Health, Kajiado County leaders, health partners, and the community to mark World Health Day. The theme for this year **"Healthy Beginnings, Hopeful Futures"** focused on ending preventable maternal and newborn deaths and prioritizing women's long-term health and well-being.

The event was led by Kajiado's Deputy Governor, Hon. Martin Moshisho Martine, who praised the county's partnership with WHO. He shared encouraging progress such as the **service delivery points increased from 100 in 2018 to 134 in 2025**, while immunization coverage for children under one rose from **78% to 95%**. Skilled deliveries also improved from **64% in 2018 to 83% in 2024**.

Additionally, enrolment in Social Health Insurance schemes has helped bring services closer to mothers. "We are proud of the progress made and ready to do even more," said the Deputy Governor.

Representing WHO Kenya, Ms. Patricia Wamala emphasized the importance of maternal health: "Investing in maternal and newborn health is not a cost it's an investment in a healthier, more prosperous future. Let's close the care gap and ensure every birth is safe and supported."

UNICEF Kenya's Chief of Health, Dr. Luigi D'Acquino, added: "UNICEF stands with WHO and the Ministry of Health to ensure every child's right to life is upheld. This year-long campaign on maternal and newborn health aligns with our mission—protecting children's rights from the very beginning."

As part of the celebration, **WHO Kenya donated 50 Mama Kits and 50 Dignity Kits to support safe delivery and hygiene**. WHO staff also joined the community in cleaning the maternal and child health unit, and spent time listening to mothers and healthcare workers.



World Health Day Celebrations 2025, Kajiado **in Pictures**



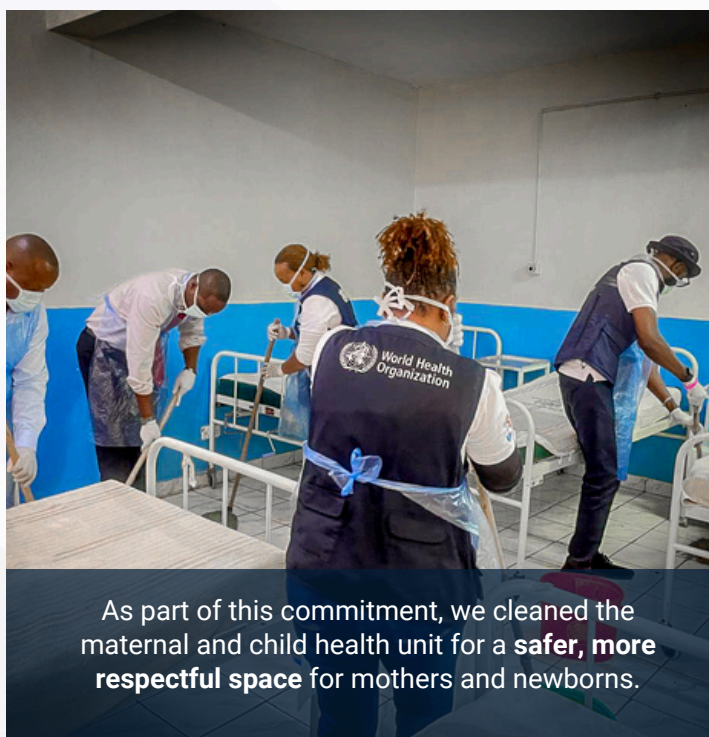
Ankayre Daniel, a reproductive health clinician at the Kajiado county referral hospital, shared: “We are here to strive and make sure that all mothers are doing well and that **no mother has to die when giving life.**”



WHO Kenya donated **50 Mama Kits and 50 Dignity Kits** to Kajiado County Hospital during World Health Day 2025. These essential kits support safe delivery and hygiene for mothers and newborns.



World Health Day, celebrated on April 7, marks WHO's founding in 1948 and promotes global action for health equity. This year's theme was Healthy Beginnings, Hopeful Futures



As part of this commitment, we cleaned the maternal and child health unit for a **safer, more respectful space** for mothers and newborns.



Damaris Isiah "I am doing great. I'm grateful to the **Social Health Authority** who paid about 90,000 shillings of my bill."



What **Kenyans Are Saying** About the Country's Health Emergencies

 April



WHO & Africa Infodemic Response Alliance

As of April 2025, Kenya is managing multiple public health emergencies cholera, mpox, kala-azar, and vaccine derived poliovirus type 2.

As response activities intensify, social listening data shows that misinformation, stigma, and public frustration are weakening outbreak control efforts. Misleading claims about vaccine safety, corruption, and “faith-based cures” are spreading across platforms, creating confusion and distrust.

These insights are guiding risk communication strategies. Recommendations include engaging trusted community and religious leaders, launching culturally sensitive awareness campaigns, and setting up real-time monitoring to counter myths.

Equipping health workers with simple, accurate messages and increasing transparency remain key to strengthening trust and helping communities respond effectively.



A vertical image showing a close-up of a person's hand holding a blue, textured object, possibly a piece of fabric or a small animal, against a blurred background of a room.





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Organization**

Kenya

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