

# WHO KENYA NEWSLETTER



**Page 03**

Abubakar smiles with his wife after recovering from hydrocele surgery in Lamu.

© WHO | Genna Print



**World Health  
Organization**

**Kenya**



Job Mwakusu, a nurse at Siyu Dispensary in Lamu County, walks around the island conducting home visits to elderly patients with lymphatic filariasis.

*Page 03*

© WHO / Genna Print





# This Month

APRIL - AUGUST 2025 | VOL 17

## ii CONTENTS

### FOREWARD

## 02 Message from the WHO Kenya Representative

## 03 NEGLECTED TROPICAL DISEASES

### Kenya on Track to Eliminate Lymphatic Filariasis by 2027

After 20 years of collaborative interventions including mass drug administrations, Kenya has seen a drastic reduction in LF cases.

## 07 NEGLECTED TROPICAL DISEASES

### Kenya Eliminates Sleeping Sickness

On 8 August 2025, WHO joined the Ministry of Health to celebrate the official validation of human African trypanosomiasis elimination in Kenya.

## 09 MEASLES, RUBELLA AND TYPHOID

### Kenya Concludes Largest Vaccination Campaign

Kenya successfully completed a 10-day vaccination campaign for measles, rubella, and typhoid, reaching over 16 million children.

## 13 CHILD HEALTH

### Kenya gives newborns a healthy beginning

WHO has been supporting Kenya to implement a Baby-Friendly Hospital Initiative, which has been increasing breastfeeding rates from facility level.



## 15 NONCOMMUNICABLE DISEASES

### How Expanded NCD Care is Transforming Lives in Kenya

Over 1,200 patients with noncommunicable diseases in Vihiga and Isiolo Counties are now being reached thanks to Pen Plus.

## 19 HEALTH EMERGENCIES

### Kenya Strengthens Preparedness and Response Against Filovirus Outbreaks

Over 45 first responders completed a simulation exercise to boost Kenya's readiness to detect, respond, and contain diseases like Ebola and Marburg.

## 21 TOBACCO FREE FARMS

### From Growing Tobacco to Food: Transforming Livelihoods

In Kenya, over 11,000 tobacco farmers have transitioned to growing food, benefitting the farmers' health, environment, income and more.

## 23 SEXUAL, REPRODUCTIVE HEALTH

### WHO Expands Sexual Reproductive Health Access

In hard-to-reach parts of Marsabit, WHO has been supporting Kenya to provide sexual and reproductive health services through mobile outreaches.

## 25 SHORT HIGHLIGHT STORIES

## 39 Thank you! From the WHO Kenya

## 41 Acknowledgements

**Photo:** Somoe Bwana from Lamu is one of the last case LF cases in Kenya. **Page 3**

© WHO / Genna Print



A man with a grey beard and glasses, wearing a tan suit and a white UNICEF cap, is speaking into a microphone at a podium. He is holding a large, dark brown umbrella with a checkered patterned edge. Behind him, a woman in a blue and red shirt and a yellow headband is visible. The background is a light-colored tent.

**We champion  
health and a better  
future for all.**



# Message from **Dr Diallo**, the WHO Kenya Representative

Dear Partners and Colleagues,

I am pleased to share WHO Kenya's key achievements from April-August 2025.

We warmly welcome Professor Mohamed Yakub Janabi as our new WHO Africa Regional Director, bringing decades of health leadership to advance our shared mission across the continent.

Kenya has achieved significant health milestones, including being on track to eliminate lymphatic filariasis by 2027 (page 3) and officially eliminating human african trypanosomiasis (HAT) (page 7). Our largest immunization campaign protected over 16 million children against measles, rubella, and typhoid across all 47 counties (page 9), while our polio campaign reached nearly one million children in high-risk areas.

Health system strengthening continued with over 1,200 patients in Vihiga and Isiolo accessing noncommunicable disease treatments through PEN Plus (page 15).

As funding landscapes evolve, we have adapted our approaches, including increased virtual delivery methods. Our virtual training of over 850 health records officers in data analysis saved about US \$1 million compared to in-person delivery (page 34), demonstrating cost-effective capacity building without compromising quality.

As this marks my final newsletter as WHO Kenya Country Representative, I extend my heartfelt gratitude for your partnership. I am honored to transition to the WHO Africa Regional Office as Director Programme Management, where I will continue supporting health advancement across our continent.

Best wishes,  
Dr. Abdourahmane Diallo





A success story **in partnership**

# Kenya on track to eliminate Lymphatic Filariasis



© WHO | Genna Print

**Nyashe Shee could be one of the last recorded cases of elephantiasis in Kenya as the nation progresses towards disease elimination by 2027.**

Until recently, over 4 million people along Kenya's coast were at risk of getting lymphatic filariasis (LF), a mosquito-borne disease which spreads worms and causes debilitating conditions like elephantiasis and hydrocele. However, that number has fallen to 12 000 people, thanks to targeted interventions and sustained partnership over the past 20 years.

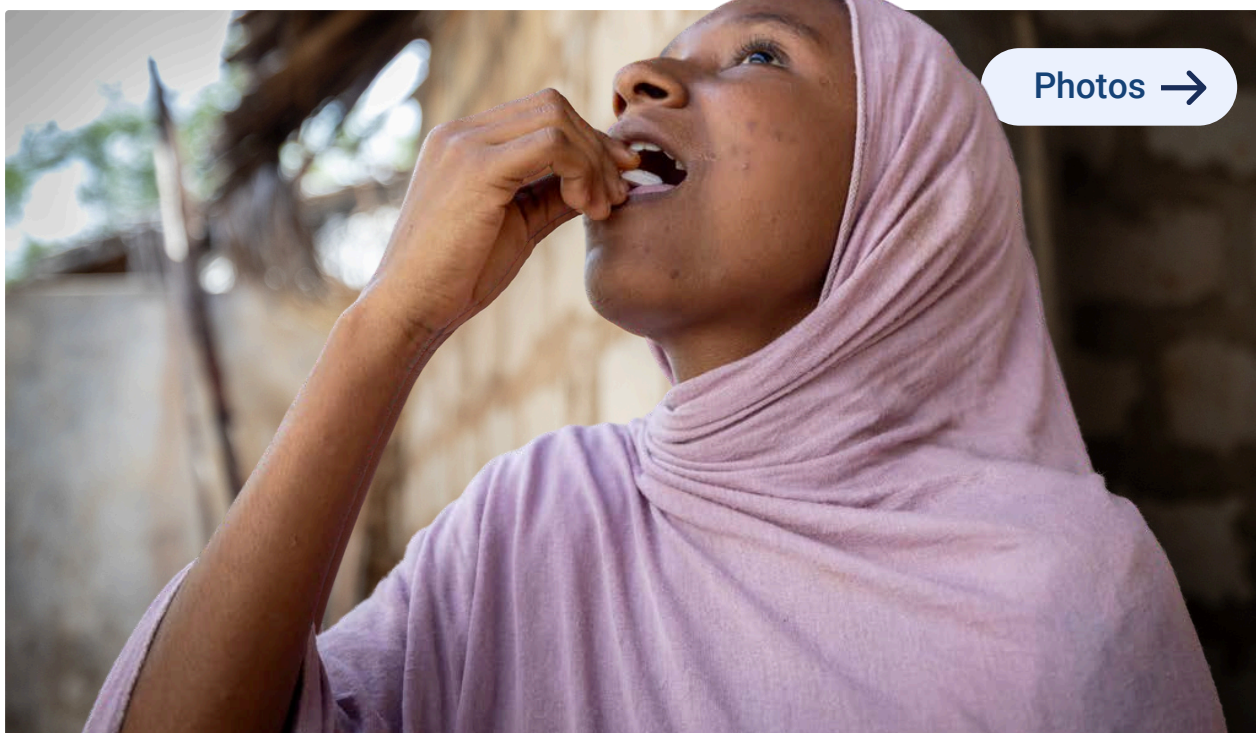
First recorded in Kenya in 1910, historical surveys have documented significant infection rates, with studies in the 1970s recording microfilaria prevalence of 36.6% among men and 28.4% among women in Lamu county's Pate Island. Following the 1997 World Health Assembly resolution WHA50.29 however, coordinated efforts commenced, and Kenya, like many other endemic countries, established its National Programme to Eliminate LF in the year 2000.



**"My leg started swelling after I turned 18. I used to collect firewood, but now the only work I can still do is small chores around the house."**





[Photos →](#)

**"I took the medicine to protect myself. It's good because these diseases have affected our families for generations."**

FATIMA, NDAU ISLAND, LAMU COUNTY



One of the key recommended interventions from WHO has been to implement mass drug administrations (MDA), whereby communities at risk are given medicines which target the worms that cause the disease.

While early efforts faced resource constraints requiring phased implementation between 2002-2015, the programme achieved continuous annual campaigns from 2016-2022, including triple drug therapy trials in Mombasa and Lamu between 2018 and 2019.

Recent LF transmission surveys (2023-2025) show disease prevalence below 1% antigenaemia in all evaluation units, putting Kenya on track to meet WHO elimination criteria. With one validation survey remaining in 2026, Kenya is positioned for WHO validation of LF elimination by 2027.

As Kenya approaches its LF elimination target, sustained partnership remains essential to overcome this century-old health challenge that seemed impossible just a decade ago.





## Stories from Ndau Island: Some of Kenya's last LF cases



### ELEPHANTIASIS PATIENT

**Ali Abdallah**

"After my legs started to swell when I was 15, I started hearing gossip in the community about my condition. I felt ashamed, so I would join my father on his boat to help him with fishing on the ocean."



### ELEPHANTIASIS PATIENT

**Shomoe Shafii**

"My feet started swelling when I was 16. Since then, I've had to learn how to live with it while taking care of my home and my children."



### ELEPHANTIASIS PATIENT

**Zahara Hishima**

"I was born in this house and used to do everything myself. These days I can sweep a little, maybe wash some dishes, but I have to sit down a lot. My daughters help me now."



**HYDROCELE PATIENT**  
**Abubakar Muhammad**

"When my husband was sick, I couldn't sleep. I kept thinking, what can we do? His pain was my pain. Finally after surgery, we can both sleep peacefully," said Tima Majid.

**HYDROCELE PATIENT**  
**Abubakar Muhammad**

Abubakar shows the spot where he spent nearly 40 years lying down, unable to move due to hydrocele. Post-surgery, he is now able to walk freely and join his community.

**ELEPHANTIASIS PATIENT**  
**Somoe Bwana**

"This disease has stayed with me most of my life. It changed how I lived, how I worked, and even stopped me from having children."



Major Milestone **of 2025**

# Kenya eliminates Human African Trypanosomiasis

## Jecenta Emon'gojel

Kenya's last recorded case of sleeping sickness (2009)

© WHO | Genna Print

**"I was so weak from sleeping sickness I could hardly lift my head, but thanks to treatment I recovered. I am very happy today to celebrate with everyone that this disease is now gone,"**  
**said Jecenta during the official elimination ceremony in Nairobi, Kenya.**

On 8 August 2025, WHO officially validated Kenya's elimination of human African trypanosomiasis (HAT), commonly known as sleeping sickness, as a public health problem. This significant achievement makes Kenya the tenth country worldwide to reach this milestone and marks the nation's second neglected tropical disease elimination, following Guinea worm disease in 2018.

"This validation marks a major public health milestone for Kenya, as we celebrate the elimination of a deadly disease in our country.

The achievement will not only protect our people but also pave the way for renewed economic growth and prosperity," said Dr Aden Duale, Kenya's Cabinet Secretary for Health. "This follows many years of dedication, hard work and collaboration".

"This success was made possible by the Ministry of Health's leadership, the dedication of health workers in areas at risk and the support from key partners," said Dr Abdourahmane Diallo, WHO Representative to Kenya. "WHO is proud to have contributed to this achievement and encourages all stakeholders to remain involved in post-validation monitoring".

As Kenya pushes forward with eliminating other diseases, such as Lymphatic Filariasis (page 3), this victory confirms that ambitious disease elimination goals are achievable.







### Official Handover

Hon. Aden Duale Kenya's Minister of Health received official HAT elimination letter from Dr Onyeze, WHO Kenya Officer-in-Charge.



### Collaborative Effort

Dr Onyeze, WHO Kenya Officer-in-Charge stands together with key leadership from the Ministry of Health including CS Hon. Aden Duale, Dr. Patrick Amoth, Mary Muthoni Muriuki, Wycliffe Omondi, Dr Kamene Kimenye and others.



### Declaration Letter from Dr Tedros

Dr Joyce Onsongo, WHO Kenya Neglected Tropical Disease Officer and Dr Seth Onyango, the CEO of KENTTEC, hold the official elimination letter from Dr Tedros, WHO Director-General.



[Read Full Story](#)





Over **16 million children** reached

## Kenya concludes largest vaccination campaigns ever

© WHO | Genna Print

**Between 5-14 July, Kenya completed a 10-day integrated vaccination campaign, delivering protection against measles, rubella and typhoid to over 16 million children nationwide across all 47 counties.**

Kenya vaccinated 16.1 million children against typhoid and 5.18 million against measles-rubella during a 10-day campaign from 5-14 July 2025, achieving 84% and 81% coverage across all 47 counties.

The typhoid conjugate vaccine targets a disease affecting over 100,000 Kenyans annually, with children under 15 accounting for more than half of cases and deaths. Antimicrobial-resistant strains have increased treatment costs, particularly impacting populations in informal settlements and rural areas with limited water and sanitation access.

Measles cases reached 2,949 with 18 deaths between January 2024 and February 2025. Low uptake of the second measles-rubella dose at 18 months has left children vulnerable across 18 affected counties.

The campaign identified and vaccinated 74,000 children with no previous immunization history. These "zero-dose" children represent critical gaps in routine coverage that developed during COVID-19 disruptions.

Kenya integrated the typhoid conjugate vaccine into its routine immunization schedule at 9 months, providing four years' protection. The campaign forms part of "The Big Catch-up," WHO and partners' global initiative to restore immunization coverage and reach children who missed vaccinations during the pandemic.co







### Oldonyonyokie Primary School

Students from Kajiado County line up to receive their vaccines. Schools served as key vaccination sites, enabling vaccinators to efficiently reach large numbers of children with support from teachers, parents and the Ministry of Education.



### Typhoid Vaccination

A young student is vaccinated against typhoid after waiting in line with his friends. The typhoid vaccine targeted children aged 9 months to 14 years.



### Finger-marking

Dr. Zimba, WHO Kenya's immunization lead and technical support provider during the campaign, displays the marked fingers of children from Kajiado county, confirming their vaccination status.



Measles, rubella and typhoid vaccination campaign **in images****Vaccination Campaign Launch**

Hon. Aden Duale, the Minister for Health in Kenya dances with community health promoters during the launch of the campaign at Githogoro Grounds in Westlands, Nairobi County.

**WHO Kenya Representative**

"Every vaccine is a promise, a promise that a child will live, learn, and grow free from a preventable disease," said Dr. Abdourahmane Diallo, the WHO Kenya Country Representative.





### Communication Materials

Children gather around a campaign poster at their primary school. The Ministry of Health, with WHO and partners, developed tailored community materials over several months to enhance awareness and vaccine uptake.



### Community Protection

Florence Kiskama stands with her three children and two nephews after all five received their vaccinations outside their local church on Sunday in Kitengela.



### Town Crier

Simon, a driver from Kitengela, uses his vehicle equipped with speakers and posters to raise awareness about the vaccination campaign. With over 20 years of driving experience, he has participated in numerous public health campaigns over the years.



### Hard-to-reach Areas

A vaccination team of three use their motorbike to reach remote communities. "Some places can't be reached by bike. We park and walk for kilometers to vaccinate the children. It's tough, but every child counts," said Martin Wainaina.





Invest in **breastfeeding**, invest in the future

# Kenya gives newborns a healthy beginning

© WHO | Genna Print



"The hospital taught me the best way to position my baby when breastfeeding so they latch on properly and feed well."

**Michelle Jephumba,**  
mother of twins  
**Rihanna and Brihanna.**

**Nakuru County Referral  
and Teaching Hospital**

"Many nurses in this facility didn't believe babies could survive on breastmilk alone," says Arthur Lord Gichuru, head of nutrition and dietetics at Nakuru County Referral and Teaching Hospital. WHO's Baby-Friendly Hospital Initiative training has since addressed these knowledge gaps.

WHO, with Irish Aid funding, trained 40 health workers from nine counties on the initiative. At Nakuru hospital, early initiation of breastfeeding increased from 42% to 75% between August 2024 and February 2025, while the facility increased nutrition staff from one to four. The improved support has enhanced patient care. "I was told by the nurses that breastfeeding will help protect my child against common illnesses," says Anne Kerubo, a recent mother at the hospital.

This reflects Kenya's broader achievements. Between 2003 and 2022, exclusive breastfeeding increased from 13% to 60%, surpassing the World Health Assembly's target of 50% by 2025. However, rates plateaued at 60% since 2014. The Nakuru model demonstrates how focused training transforms healthcare practices, offering a blueprint for scaling breastfeeding support nationwide.



[Read Full Story](#)**Healthy 5-month old quadruplets from Njoro, Nakuru**

"At first I couldn't believe that I could support my babies alone with breastmilk, but with support from the nurses at the Nakuru hospital I was show it was possible," said Susan, their mother.

**Anne Kerubo, a 19-year-old mother who recently gave birth**

"Every time I see my baby, I can't help but smile. I was told by the nurses that breastfeeding my new baby will help protect her against common illnesses like diarrhoea and pneumonia."

**Mercy Mwangi, nutritionist from Nakuru County Hospital**

Mercy helps a new mother with her twins to breastfeed. She is one of three nutritionists allocated to the maternity ward in the past year in order to improve newborn health and nutrition.



**Over 1,200 Patients** Reached in Vihiga and Isiolo

## How expanded NCD care is transforming lives in Kenya

© WHO | Ardo Farah

Three years ago, **Ben Odero** frequently missed school due to painful episodes from his newly diagnosed **sickle cell disease**. Today, with his condition managed through accessible treatment, he attends school regularly and participates in a weekend gardening project with his mother.

Ben's story reflects broader challenges of noncommunicable diseases in Kenya. Conditions such as sickle cell disease, type 1 diabetes, rheumatic heart disease, hypertension, and cancer account for 41% of all deaths in the country. Specialized treatment for severe NCDs was concentrated in higher-level hospitals, creating barriers for rural patients.

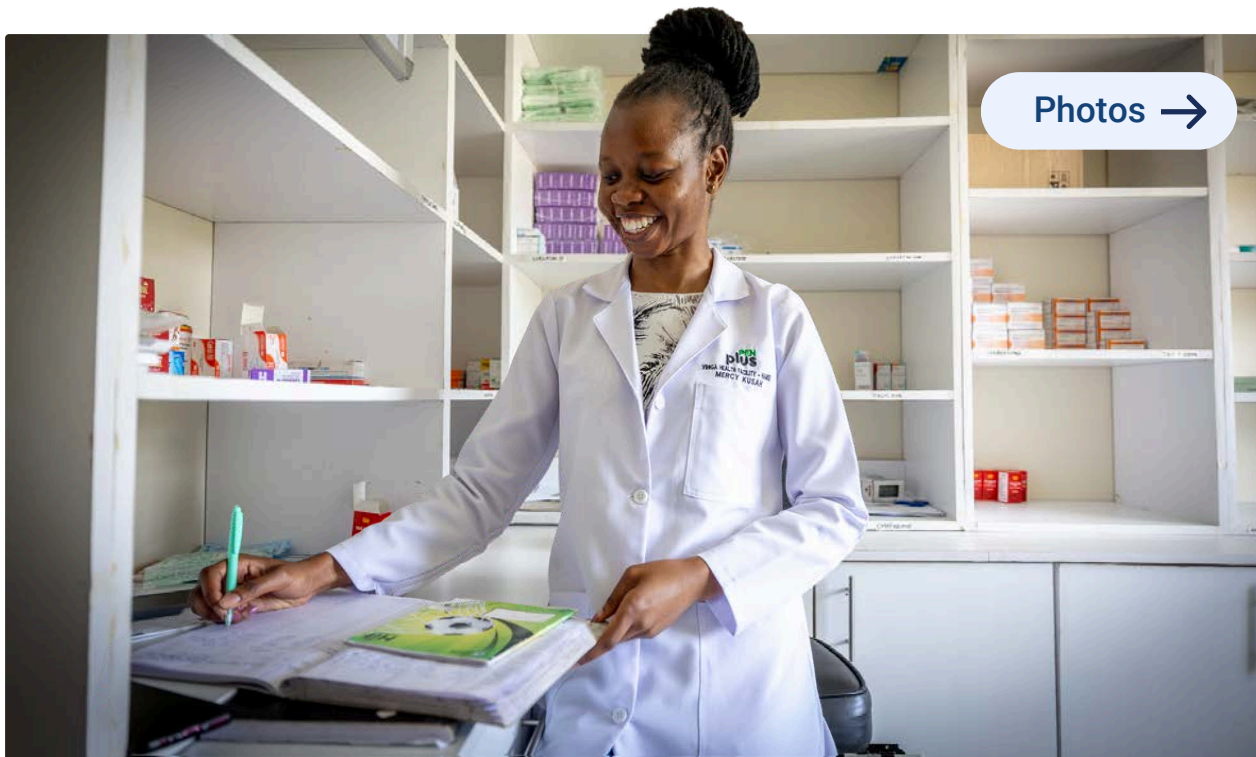
WHO Kenya, in partnership with the Ministry of Health and NCD Alliance Kenya, supports the Package of Essential Noncommunicable Disease Interventions Plus (PEN Plus) programme. Launched in 2022 in Vihiga and Isiolo counties at Hamisi and Kinna health centres, the initiative has since expanded to additional facilities.



**Success story:**  
**Since treatment, I have energy. I plant and sell seedlings to buy stationery and support my family.**

**BEN ODERO, VIHIGA COUNTY**





**Mercy at Hamisi Referral Hospital ensures PEN-Plus patients receive essential medicines like insulin and folic acid free of charge.**

MERCY KUSSAH, PHARMACIST, VIHIGA



So far over 40 healthcare providers, including nurses, clinical officers and laboratory staff have received specialized training to deliver integrated chronic care services spanning diagnosis, symptom management and follow-up care. Facilities have been equipped with essential medicines and diagnostic tools.

Over 1,200 patients, including Ben, are now receiving care closer to home, reducing travel costs, and improving treatment adherence. For Ben, this means regular treatment that has

eliminated school absences and enabled him to take part in economic activities that can improve his families income.

The success in Vihiga and Isiolo counties supports Kenya's broader NCD strategy, with the Ministry developing a National Operational Plan to scale PEN Plus to 20 counties by 2030. Ben's case demonstrates the programme's impact: when healthcare barriers are reduced, patients can maintain consistent treatment and participate fully in their communities.



Expanding NCD care **in images****DIABETES PATIENT****Duncan Seraga**

"My body weight was totally different from a living person. I was like a walking skeleton, far from living. When I was referred to Hamisi, I became a revived person and I'm really grateful."

**DIABETES PATIENT****Insulin Fridge**

Duncan and his wife have also received education on how to safely store insulin. Without access to refrigeration, they use a traditional clay pot method to keep the medicine cool.

**NURSE****Felicity Musimbi**

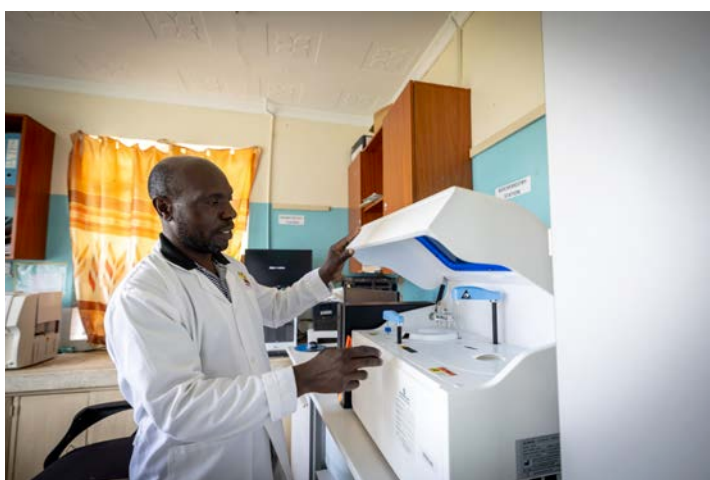
"We have space to serve the community." The PEN-Plus clinic is fully functioning well equipped with services, education and treatment ensuring no one is excluded from life-saving support.

**PARENT TO SICKLE CELL PATIENT**  
**Christine Otieno**

“As a community health promoter, I advise people to go to Hamisi. The support my son receive is great. They take care of my son in every way, even helping with school fees motivating him to do better.”

**SICKLE CELL PATIENT**  
**Ben Otero**

“I was told my son would not make it, but now look at him. The doctor encouraged him, sharing that they also live with sickle cell and are working. He has gained morale and is doing well. For that we are grateful”

**LABORATORY TECHNICIAN**  
**Patrick Luyali Lifuleze**

“At Hamisi, our laboratory provides nearly all the essential services you would find in a major facility. For PEN-Plus clients, we have the necessary equipment including hemogram, and HbA1c machines.”





Emergency Preparedness and Response

# Kenya strengthens filovirus outbreak response

© WHO | Ardo Farah

"There is a need for collaboration if we are to strengthen preparedness, early detection and response to public health emergencies."

**WHO, Kenya Country Representative**

**Dr Abdourahmane Diallo**

[EPR Bulletin](#)

Over 45 first responders from national and county levels completed an intensive four-day filovirus outbreak simulation at WHO's Emergency Preparedness Hub in Nairobi, significantly enhancing Kenya's capacity to combat viral haemorrhagic fevers like Ebola and Marburg.

The realistic training replicated actual outbreak conditions, including establishing Emergency Treatment Centres under high-pressure scenarios. Participants addressed critical preparedness gaps identified through national readiness assessments while evaluating response capabilities through hands-on exercises.

"This training significantly strengthened Kenya's filovirus outbreak readiness," said Sarah Fordah, WHO Emergency Hub Public Health Specialist. "These lessons will guide improved preparedness, particularly at community and primary healthcare levels where early response is most critical."

Kenya now stands better prepared to rapidly detect and contain dangerous infectious disease outbreaks before they spread.





[View Photo Book](#)


### Ebola Treatment Centre

Participants established a fully functional ebola treatment centre during a simulation exercise. The setup followed a systematic, step-by-step approach aligned with WHO standards and operational protocols.



### Treatment Rooms

Teams were shown how to prepare the patient rooms including disinfecting beds, organizing essential supplies, and setting up the environment to ensure safe care in line with strict infection prevention and control measures.



### Simulating a confirmed Ebola case

A simulated Ebola case demonstrated the full management process, from ambulance transfer to safe burial, with community engagement underscoring the importance of dignified support for families.





**Grow Food,** Not Tobacco

## **From tobacco to food: transforming livelihoods across Western Kenya**







**When you look at the money in tobacco growing, you might think it's a lot. But by the time you calculate the expenses, you'll realise there's no profit."**

CATHERINE OPICHO, TESO NORTH, BUSIA



In Kenya, tobacco farmers profit less than a dollar per acre annually while facing nicotine poisoning, lung diseases, and food insecurity. The WHO-led Tobacco-Free Farms initiative is transforming this reality across four counties. So far, more than 11,000 tobacco farmers, have transitioned to growing nutritious crops, achieving 2-3x higher returns through one to two growing cycles per season. This transformation extends beyond economics. Children previously working tobacco fields now attend school while families achieve food security and farmers pursue entrepreneurial ventures. Climate-smart agriculture is replacing decades of deforestation, building resilient, sustainable livelihoods. This evidence-based model demonstrates scalable impact across health, gender equality, environment, and poverty reduction. To learn more, watch WFP's new video series documenting the initiative's benefits below:



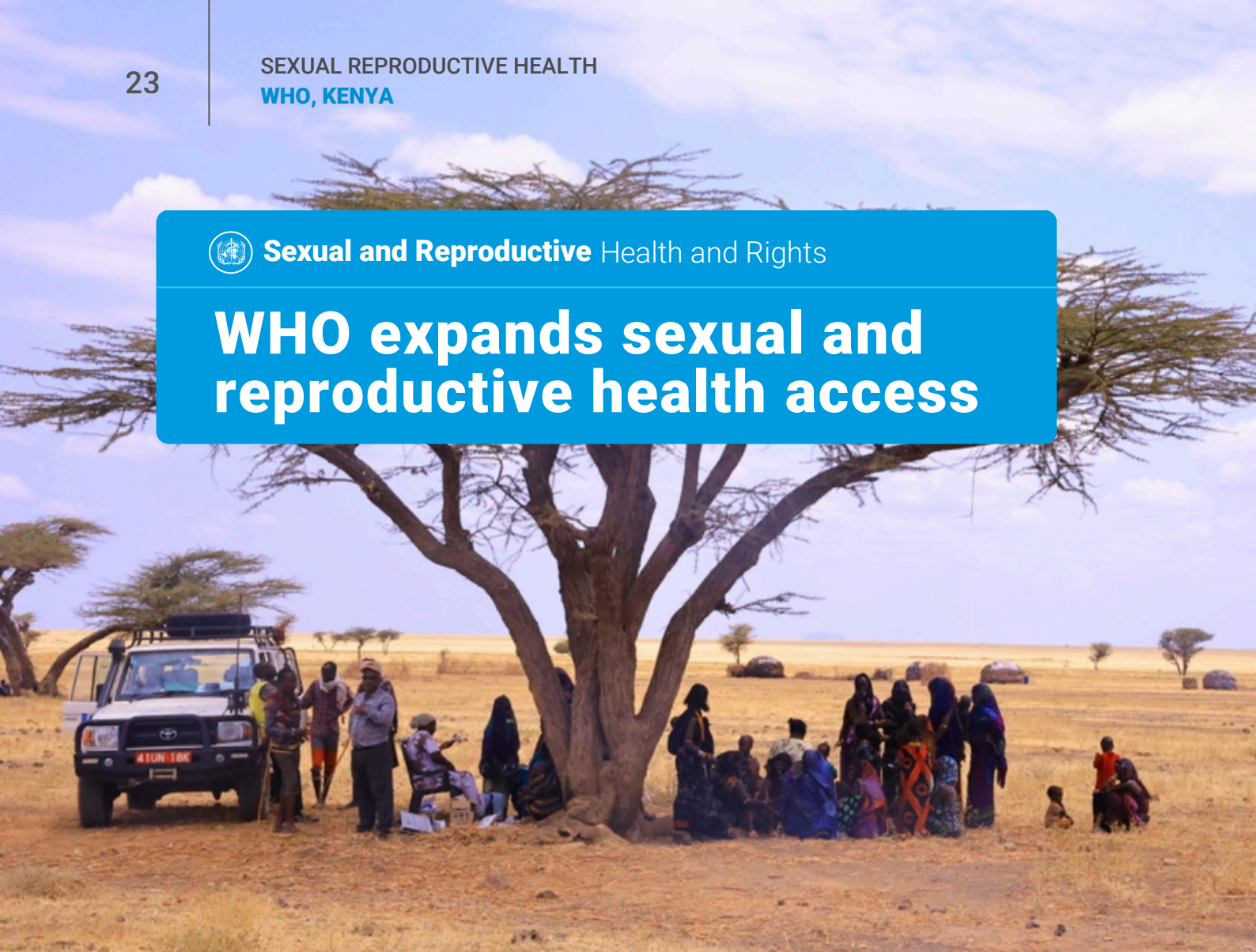
**Watch Video Series**





Sexual and Reproductive Health and Rights

## WHO expands sexual and reproductive health access



Addressing healthcare disparities in Kenya's most geographically isolated populations, WHO Kenya implemented targeted mobile health interventions in Marsabit County in July 2025. The outreach delivered sexual and reproductive health services in seven sites across the county. The services included family planning counseling, antenatal and postnatal care, post-abortion care, STI screening and treatment, HIV testing, and cervical cancer screenings.

This deployment represents a strategic component of WHO's two-year initiative, supported by Susan Thompson Buffett Foundation funding, designed to strengthen sexual and reproductive health systems through enhanced primary healthcare delivery. The programme operates across six priority counties: Marsabit, Samburu, Kajiado, Laikipia, Siaya, and Tana River.

Implementation follows rigorous 2024 needs assessment findings conducted collaboratively with Kenya's Ministry of Health, which identified critical service gaps in training, essential supplies, and community engagement. Expanding this evidence-based model, WHO Kenya will deploy similar interventions to Samburu County next quarter, systematically scaling person-centred reproductive healthcare access.







Gobayo Denge, 26, received cancer screening for the first time in her life. "The hospitals are far and not easy to reach unless I am very sick. I have heard and worry about cancer."

© WHO







# Highlight Stories







## WHO Welcomes New Regional Director for Africa



WHO AFRO

Dr Mohamed Yakub Janabi assumed office as WHO Regional Director for Africa on 30 June 2025, bringing to the role over three decades of distinguished leadership in clinical medicine, health policy, public health and health systems development across the continent, and beyond.

"It is with profound humility and a deep sense of responsibility that I accept the honour of serving as the new Regional Director for Africa," said Dr Janabi upon taking office. Kenya congratulates Dr Janabi's and looks forward to working closely with him to advance the health agenda across the African region.



## Kenya Attends the 78<sup>th</sup> World Health Assembly (WHA78)



WHO, Member States

Kenya participated in the 78th World Health Assembly in Geneva under the theme "One World for Health."

Health Cabinet Secretary Aden Duale led the delegation that witnessed key achievements including the WHO Pandemic Agreement adoption, established first-ever resolutions on lung and kidney health, adopted a new target to halve air pollution's health impacts by 2040, resolutions for a lead-free future, expanded restrictions on digital marketing of baby foods, accelerated Guinea worm eradication efforts, and more.





Short **Highlight Stories**

## WHO Acting Regional Director Strengthens Kenya Partnership



WHO AFRO, WHO Kenya, The Hub, Ministry of Health

During his tenure as Acting Regional Director for Africa, Dr Chikwe Ihekweazu (now WHO Health Emergencies Programme Executive Director) conducted a strategic visit to Kenya.

High-level discussions with Cabinet Secretary Hon. Aden Duale addressed critical disease responses including mpox, cholera, kala-azar, polio, and measles. The visit advanced plans for Kenya's National Public Health Institute and showcased Nairobi's Emergency Hub, which coordinates responses to over 100 annual health emergencies in the region.

## Kenya Receives 10,700 Vaccines for Mpox Campaign



MOH, EU, WHO, Africa CDC, Gavi, UNICEF, US CDC

Kenya received 10,700 MVA-BN mpox vaccines set to roll out its first-ever mpox vaccination campaign in September 2025 targeting health workers, immunocompromised individuals, and at-risk communities.

WHO provided essential coordination and technical oversight, ensuring systematic distribution and implementation. This evidence-based approach represents a critical milestone in Kenya's comprehensive outbreak response, combining targeted prevention with health system strengthening to safeguard vulnerable populations.







© WHO | Genna Print

## Polio Vaccination Campaign Reaches Nearly 1M Children



Ministry of Health, WHO, Gavi, UNICEF &amp; more.

Kenya conducted round two of its polio vaccination campaign, reaching nearly one million children across high-risk border counties of Marsabit, Garissa, Wajir, and Mandera. The effort vaccinated 10,000 children along the Ethiopia-Somalia border within the first 3-days.

This intervention responded to a polio case detected near the Kenya-Ethiopia border in October 2024, forming part of a regional strategy targeting over 18 million children across Djibouti, Ethiopia, Kenya, and Somalia to halt cross-border transmission and protect vulnerable communities.

## Kenya Celebrates 10 Years of CHAMPS Impact



CHAMPS, Gates Foundation, Africa CDC &amp; more.

There has been an overall decline in child deaths from preventable illnesses in Africa, thanks in part to the Child Health and Mortality Prevention Surveillance (CHAMPS) network, which uses innovative post-mortem methods to uncover the true causes of death in children under five.

Data from CHAMPS supports strategic resource allocation and more effective, life-saving interventions. From April 28 to May 1, Kenya hosted over 150 health leaders, researchers, and partners in Nairobi to mark 10 years of CHAMPS' impactful work improving child health worldwide.



© WHO | Genna Print



Short **Highlight Stories**

© WHO | Genna Print

## Kenya Launches its National Public Health Institute

Ministry of Health, KNPHI,  
WHO & more.

Kenya launched the Kenya National Public Health Institute on 8 May, establishing a central platform for health security, consolidating disease surveillance, research, and emergency response while streamlining functions and eliminating duplication. This milestone strengthens Kenya's capacity to detect and prevent health threats through evidence-based interventions.

WHO Country Representative Dr. Diallo affirmed continued partnership in building an institute responsive to current emergencies while preparing for future health challenges.

## Improving Service Delivery Through Better Staffing



Ministry of Health, WHO

"This hospital serves not just Nakuru County, but also receives referrals from Laikipia, Nyandarua, Baringo, and even Narok. I'm hopeful that this assessment will help us fill staffing gaps and improve services," said Joyce Waititu, a laboratory officer at Nakuru County Referral and Teaching Hospital.

In June 2025, WHO supported Kenya's Ministry of Health in rolling out a Workload Indicators of Staffing Need (WISN) survey at level 4 and 5 facilities. WISN calculates optimal staffing based on workload data, ensuring the right health workers are in the right place for better service delivery.



© WHO | Genna Print







## 21 Clinicians Trained on Gender Based Violence



Susan Thompson Buffett  
Foundation, MOH, WHO

Between May 2024–April 2025, Samburu, Tana River, and Marsabit counties reported 952 gender-based violence survivors, with countless cases remaining unreported.

In response, WHO supported the Ministry of Health to train 21 clinicians from these counties in comprehensive survivor care, strengthening health facilities to provide quality services, dignity, and recovery through facility assessments, clinical mentorship, and improved data reporting systems.

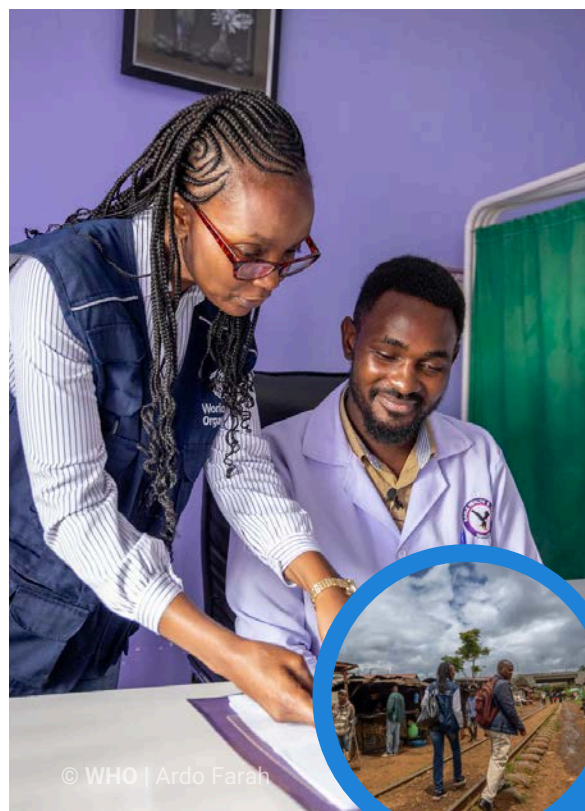
## Coordinated Cholera Outbreak Response in Kenya 2025



Ministry of Health,  
WHO & more.

Kenya experienced a cholera resurgence beginning February 2025, with outbreaks in six counties prompting a national response led by the Ministry of Health.

WHO provided technical support and delivered kits to all affected counties to support care for up to 14,700 patients. In Kisumu, 6,727 people were vaccinated, and in Nairobi, community health promoters were retrained and deployed to support case detection, household education, and hygiene promotion. Five high-burden facilities also received supportive supervision and training to strengthen patient flow, rehydration points, and infection control.



© WHO | Ardo Farah

Short **Highlight Stories**

© WHO | Genna Print

## Regional Meeting Targets Mpox and Outbreak Readiness

WHO, World Bank, Africa CDC,  
MOH, ECSA-HC, Gavi & more.

Twelve African countries committed to enhanced cross-border collaboration at a regional meeting in Nairobi (May 13th-14th), addressing mpox outbreaks that had affected over 16,398 cases across 22 African countries by February 2025.

WHO supported to facilitate critical discussions on strengthening surveillance, coordinating vaccination strategies, establishing sustainable funding mechanisms, and developing joint emergency preparedness frameworks for effective outbreak containment and prevention.

## Kenya Flags Off 2,000 Units of Cold Chain Equipment



UNICEF, MOH

On May 14th, Kenya's Ministry of Health flagged off 2,000 units of cold chain equipment, including solar-powered refrigerators, for distribution across all 47 counties to ensure vaccines remain effective, especially in hard-to-reach areas.

UNICEF donated the equipment to strengthen vaccine storage and safety protocols, aligning with WHO vaccine safety recommendations and enhancing immunization programme effectiveness across Kenya's diverse geographical landscape.



© WHO | Genna Print







## WHO Strengthens Migration Health in Border Counties



Kenya's Ministry of Health, WHO

Kenya's Ministry of Health, with WHO support, trained 35 health workers from Dadaab refugee camps and cross-border facilities in Garissa, Wajir, and Mandera on routine immunization and vaccine-preventable diseases.

This strategic capacity-building initiative enhances frontline workers' ability to detect and respond to outbreaks among migrant, refugee, and nomadic populations, addressing critical gaps in migration health services.

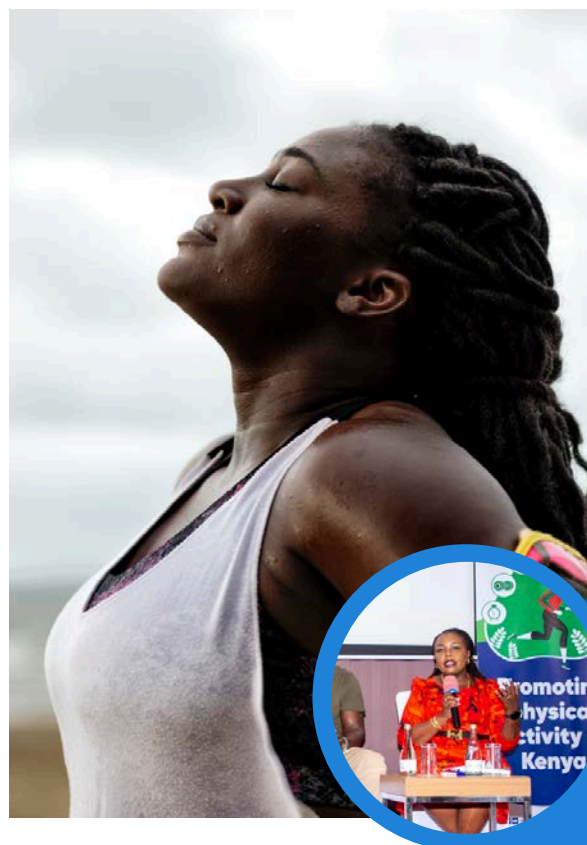
## Launch of Kenya's Physical Activity Policy Brief



Ministry of Health, WHO, KELIN, AMREF & more

With noncommunicable diseases including cardiovascular disease, diabetes, and cancer contributing to 41% of annual deaths in Kenya, the Ministry of Health with support from WHO launched a comprehensive Policy Brief on Promoting Physical Activity.

The evidence-based brief addresses physical inactivity as a major modifiable risk factor, recommending interventions under four strategic pillars, Active Society, Active Environment, Active People, and Active Systems, to strengthen NCD prevention and promote healthier lifestyles across all age groups.



Short **Highlight Stories**

© WHO | Genna Print

## Kenya Hosts WHO Rabies Prevention Film Production



WHO, UNICEF, Gavi, zero30media

In June 2025, Kenya hosted a film crew producing educational content for WHO and UNICEF's efforts to eliminate dog-mediated rabies deaths by 2030.

The films target children, families, and health workers with content on bite prevention, wound care, and post-exposure treatment. With 40% of rabies victims being children under 15, these materials will strengthen Kenya's community awareness and prevention strategies toward rabies elimination.

## Supporting Vaccine Manufacturing Growth



WHO, Seoul National University, IVI, GTH-B &amp; more.

Dr. Edwin Kojo Ogara represented WHO Kenya in a high-level mission to South Korea as part of the WHO-International Vaccine Institute collaboration under the Global Training Hub for Biomanufacturing.

The flagship course at Seoul National University brought together 159 participants from 41 countries to strengthen vaccine manufacturing in low- and middle- income countries. Dr. Ogara delivered a specialized lecture on preparing National Regulatory Authorities for WHO Maturity Level 3, emphasizing regulatory frameworks and quality systems essential for global vaccine equity.







## Big Catch-Up Campaign Distributes 6 Million Vaccines



Ministry of Health, WHO, UNICEF, GAVI & more.

WHO Kenya joined the Ministry of Health and key partners to receive 3 million BCG doses and 3.2 million Oral Polio Vaccine doses. The initiative supports "The Big Catch-Up," an effort helping children access missed vaccinations and close immunity gaps.

Cabinet Secretary Duale urged County Governments to prioritize collection and distribution, especially to remote facilities, stating "no child is left behind." WHO continues supporting Kenya's Immunization Agenda 2030 goals through technical assistance and operational coordination.

## Essential Equipment Supports Women's Cancer Screening



Roche Foundation, WHO, Ministry of Health

WHO Kenya handed over essential medical equipment worth about KES 2 million to JM Kariuki County Referral Hospital and Ndunyu Njeru Health Centre in Nyandarua County.

The equipment was donated by WHO with funding from the Roche Foundation, as part of the Women Integrated Cancer Services project being implemented in Nyandarua and Bungoma counties. The initiative aims to screen 10,000 women for breast and cervical cancer, while strengthening diagnostic and treatment services at the primary healthcare level.



Short **Highlight Stories**

© WHO | Genna Print

## Strengthening Malaria Data Systems Better Decision-Making



WHO, Kenya's National Malaria Control Programme, BMGF &amp; more

WHO supported Kenya's National Malaria Control Programme to participate in a regional capacity-building workshop in Dakar, Senegal, on establishing National Malaria Data Repositories.

This effort aims to strengthen Kenya's health information systems. The knowledge gained from the workshop is now guiding the development of Kenya's own Malaria Integrated Data Repository, working in collaboration with national authorities and partners. WHO is providing technical leadership for this development process.

## 500,000 People Protected Against Schistosomiasis



Kenya's Ministry of Health, WHO &amp; more.

In just eight days, 500,000 people gained protection from schistosomiasis, a waterborne parasitic disease affecting over 200 million globally. Tyra is among residents across Kenya's Nyanza region, including Migori, Homa Bay, and Siaya, who received WHO-provided medicines through targeted mass administration.

Health workers traversed remote villages, prioritizing school-age children who face the highest infection risk. This campaign by Kenya's Ministry of Health with support from WHO and partners advances Kenya's goal of eliminating schistosomiasis as a public health problem by 2030.



© WHO | Ardo Farah







## Care for Child Development Training Package



Ministry of Health, WHO, UNICEF, PATH, AMREF, LWALA & more.

With over 250 million children globally not reaching their developmental potential and Kenya facing significant policy gaps in responsive caregiving and early learning opportunities for children aged 0-3, comprehensive early childhood development programmes are essential.

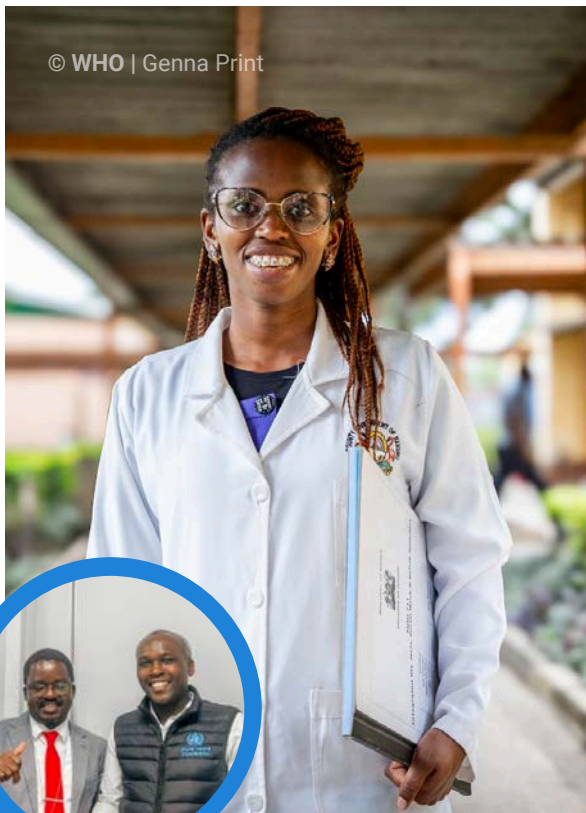
With support from WHO and UNICEF, Kenya's Ministry of Health is working to finalize the Adapted Care for Child Development Basic Training Package, following a successful pilot in Nakuru County.





Short **Highlight Stories**

© WHO | Genna Print



## 850+ Officers Trained on Data Analysis and Visualization



Ministry of Health &amp; WHO

Effective health data analysis supports evidence-based decision-making and leads to better patient outcomes. WHO supported the Ministry of Health to train over 850 Health Records and Information Officers across all 47 counties, from remote dispensaries to national referral hospitals.

These officers gained practical skills in data management, data analysis and visualization. The online delivery format saved \$925,978 compared to in-person training, establishing a sustainable capacity-building model that maximizes impact while addressing financial constraints.

## Kenya Develops 2nd National Action Plan for Health Security



NPHI, MOH, WHO, Africa CDC, FAO, IOM, AMREF &amp; more.

Kenya started developing its second National Action Plan for Health Security 2025-2029, led by the Kenya National Public Health Institute with WHO Kenya support. This multisectoral initiative brought together government and development stakeholders to strengthen Kenya's capacity to prevent, detect, and respond to public health threats.

"Our role is to prevent and always be ready, before disaster strikes," emphasized Dr. Maureen Kamene Kimenye, Acting Director General of KNPHI. The plan utilizes evidence from Joint External Evaluations, After Action Reviews, and Simulation Exercises ensuring International Health Regulations compliance.

© WHO | Ardo Farah





July - August



## Strengthening Digitalization of Mortality Data Systems



WHO Kenya, WHO Malawi, WHO Sierra Leone, Ministries of Health.

On August 4th, WHO Kenya hosted Malawi and Sierra Leone in a virtual learning exchange to strengthen mortality data systems across Africa. Addressing critical gaps in cause-of-death registration, Kenya shared its experience in digitizing medical certification processes and implementing ICD-11 coding.

"This is how Africa should continue to work, with each other, developing Africa for Africa and by Africans," emphasized Dr. Adiele Nkasiobi Onyeze, Officer-in-Charge at WHO Kenya, highlighting the power of peer-to-peer learning in advancing health information systems.

## WHO Attends Kenya's Devolution Conference



MOH, WHO, County Governments & more.

Every two years, the Devolution Conference brings together the national government, 47 county governments, partners and communities to deliberate on devolution progress in Kenya.

This year WHO participated in the Conference in Homa Bay County under the theme "Equity, Inclusion and Social Justice," showcasing our work through exhibitions and participating in key panels on healthcare digitalization, partnerships for Universal Health Coverage, and strengthening devolved responses to drugs and substance abuse.





# Thank you!

## FROM THE WHO KENYA COUNTRY OFFICE TEAM

Our Kenya office is staffed by a diverse team committed to operational excellence, effective policy development and more. Through diligent work across various health fields, our team strives to improve health for all across Kenya.

WHO Kenya country office team poses outside UN office building.



© WHO | Genna Print







# Acknowledgements

## External Partners

Your support and partnership are crucial to our mission in Kenya, enabling us to save lives and serve the vulnerable. We thank you for empowering our technical staff to deepen government support, accelerate progress towards Sustainable Development Goals and enable us to plan for longer term approaches to health systems strengthening. We thank our partners, including our thematic funders. The funds our partners provide give a degree of flexibility that allows WHO to be more effective and efficient in allocating funds for our joint priorities. Your ongoing commitment not only drives our success but also inspires a ripple effect of health improvements across Kenya.

**Thank you!**







**World Health  
Organization**

Kenya

#### **EDITORIAL TEAM**

Genna Print  
Ardo Farah  
George Ndahendekire  
Dr. Adiele Onyeze  
Henry Mbaziira  
Dr. Abdourahmane Diallo





**World Health  
Organization**

Kenya

**Contact Us:**



[afkeninfo@who.int](mailto:afkeninfo@who.int)



[x.com/whokenya](https://x.com/whokenya)



[afro.who.int/countries/kenya](https://afro.who.int/countries/kenya)



[linkedin.com/company/whokenya](https://linkedin.com/company/whokenya)



+254 20 7620300  
+254 20 5120300  
+254 722-509 403 (Cell)



United Nations Complex in Gigiri  
Block-P Ground Floor  
P.O. Box 45335 – 00100, Nairobi