

EPR BULLETIN

EMERGENCY PREPAREDNESS RESPONSE



JANUARY - APRIL 2026



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Cover Photo: Handover of critical emergency health supplies estimated to reach 5,000 people.

MESSAGE FROM THE WHO KENYA REPRESENTATIVE

Kenya continues to face complex and overlapping public health threats that demand strong systems for early detection, rapid response, and sustained preparedness.

This edition highlights key milestones led by the Ministry of Health, with support from WHO Kenya and partners, to protect vulnerable populations and strengthen national health resilience.

Severe flooding during the long rain season affected 27 counties, claiming 112 lives and displacing over 12,000 households. The Ministry of Health deployed eight multidisciplinary field teams to the worst-affected counties to restore services, reinforce disease surveillance, and ensure continuity of care.

In parallel, Kenya completed its first county-level yellow fever risk review in over a decade and reviewed the findings of the IHR (2005) capacity assessments at Points of Entry, supporting the development of prioritised action plans to strengthen the country's ability to detect and contain public health threats at the border and beyond.

Kenya launched its second National Action Plan for Health Security (NAPHS II) 2026–2030, a fully costed, multi-year plan that sets out clear actions to prevent, detect, and respond to public health threats.



Developed by KNPPI with technical support from WHO and partners, the plan is anchored in all 19 core capacities of the International Health Regulations and informed by Kenya's Joint External Evaluation conducted in September 2024.

Complementing this, Kenya completed its States Parties Self-Assessment Annual Reporting this year, a multisectoral review that identified priority gaps in emergency.

Kenya also advanced plans to establish Africa's second military Emergency Medical Team. Once established, the Type 2 EMT will be capable of delivering full inpatient and surgical care and deploying within 48 hours of an emergency, filling a critical gap that has historically delayed treatment during disasters and disease outbreaks.

**Dr. Neema Rusibamayila Kimambo, Acting
WHO representative to Kenya**



In Numbers: Flood Impact



As of 12th April 2025

Source: National Disaster Operations Center

112

Deaths

From Nairobi, Eastern, Riftvalley, Nyanza-Coast, Central, Western, Northeastern

2,795

People Affected

No patient is in admission, all discharged

3

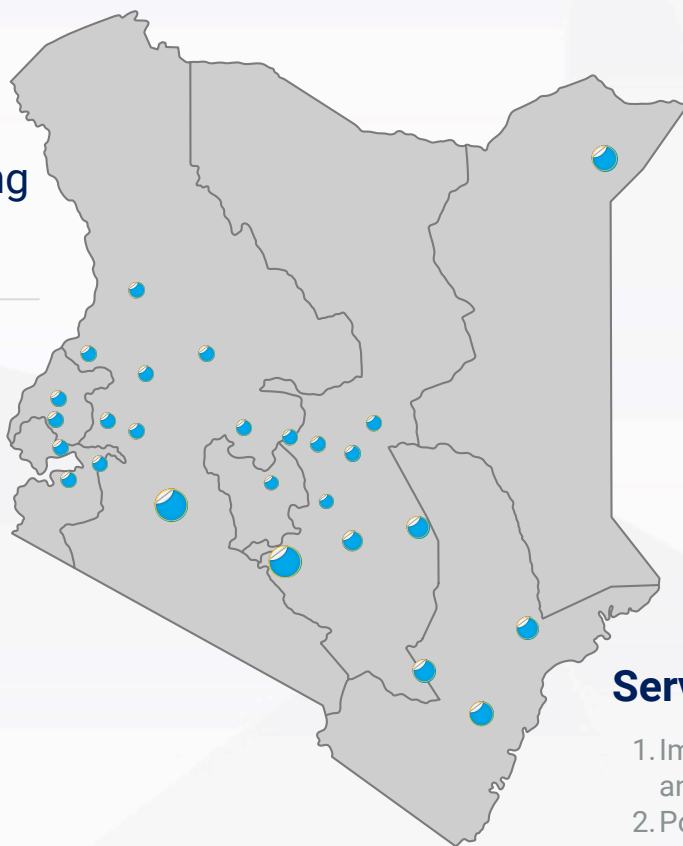
People Missing

During floods yet to be found

27

Counties

Affected by harsh floods



WHO Response



1. **WHO handed over critical emergency health supplies** including cholera kits, water treatment materials and trauma kits **estimated to reach 5,000 people**
2. Conducted a **flood risk assessment** with the ministry of health to assess the flood impact of essential services country wide

Services Disrupted

1. Impassable roads and bridges
2. Power outages
3. Water supply lines damaged
4. Schools Impacted



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Handover **5,000** People

to be reached by supplies such as:

1. Cholera Kits
2. Water treatment materials
3. Trauma Kits

[Story Next Page →](#)



Health Teams Deployed to Kenya's Flood-Hit Counties

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April



Carried out Ministry of Health with support of WHO and FCDO



Web Story

As of 30 March 2026, flooding had affected 27 counties, claiming 112 lives. Roads became impassable, health facilities were flooded, water supply lines broke down, power went out, and schools closed, health services became disrupted at a time when people need them most.

In response The ministry of Health deployed health teams were to the worst-hit counties to find out what was needed and to help put the right support in place. Before the teams were deployed, a multiagency assessment had already identified serious gaps in how counties were equipped to handle emergencies. Many counties did not have enough capacity to respond to the floods, manage displaced populations, or contain potential disease outbreaks.

For Catherine Kemuto, 32, a mother of five from Gatwekera in Kibera sub county, Nairobi county, the floods arrived without warning. "It was so abrupt and vicious this time. I lost most of my things, including all the vaccination documents." Her experience mirrors that of thousands across affected counties, where flooding stripped families of health records, medications, and basic services within hours.

In response the Ministry of Health deployed eight multidisciplinary field teams, comprising 41 health professionals, to 14 of the worst-affected counties. Each team worked directly with County and Sub-County Health Management Teams to assess gaps, strengthen emergency coordination, reinforce disease surveillance, and put preventive measures in place. Teams included specialists in public health, epidemiology, nutrition, laboratory services, and emergency disaster risk management.

The floods significantly disrupted health service delivery. Health facilities were flooded and rendered partially or fully non-functional across affected counties, including Kiambu, where services were severely affected. For instance, Gachororo Health Centre was identified during the Kibera team rapid assessment as one of the facilities impacted by flooding and service interruption, highlighting the broader strain on frontline primary care services.

Joyce, a Clinical Officer at Huruma Lions Health Centre in Nairobi County, described the challenge of maintaining continuity of care for displaced patients. "The hardest part was patients with chronic illness, those on long-term medication like Antiretroviral drugs. We did not have their records. But with time, we were able to figure out which medicines they were on," she said.

When a burst water main caused a sharp rise in acute diarrhoeal diseases, Joyce's team distributed water treatment tablets through community health promoters. As immunization coverage dropped because families had lost their child health booklets, the facility worked to regenerate records and re-enroll affected children.

The response reinforced key lessons for health system preparedness: facilities must maintain buffer stocks of essential medicines; psychosocial support must be integrated into emergency plans rather than mobilized reactively; and continuity of care protocols covering medication management, vaccine cold chain contingency, and referral pathways must be institutionalized at every level. "We learned a lesson that time," Joyce reflected. "This time around, we are well stocked, we are ready."


The Ministry of Health, with the continued support of WHO, is working to ensure that the lessons emerging from this response translate into stronger county emergency plans, better resourced health facilities, and communities that are more resilient when the next disaster strikes.



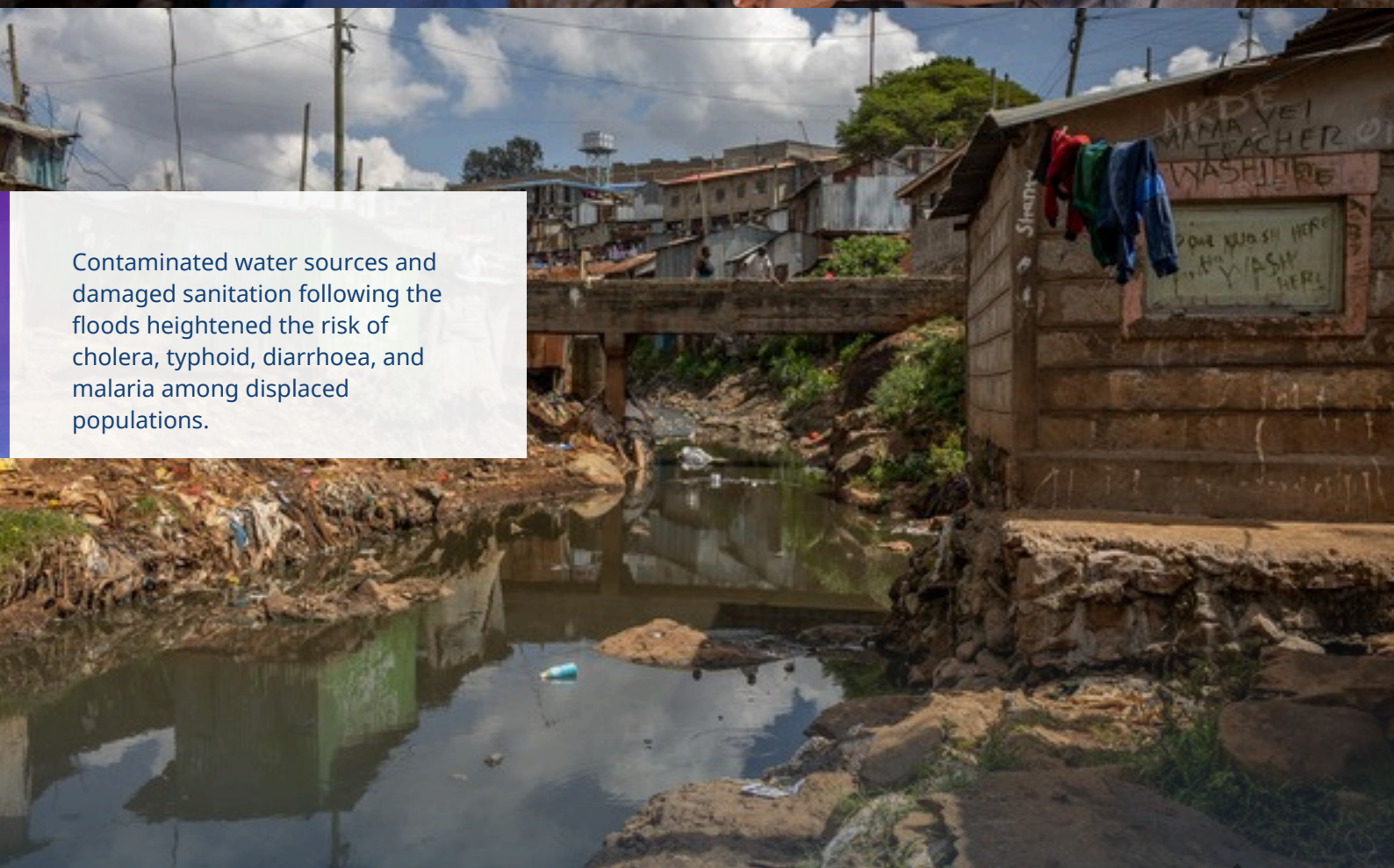
"We purchased water treatment tablets and gave them to the community health promoters to supply. Because we get funds from primary healthcare, we were able to do that." Said Joyce, Clinical Officer and Officer-in-Charge, Huruma Lansia Health Centre, Gaywood, Nairobi County



Gachororo Health centre in Kiambu County was discovered flooded during the rapid risk assessment and stands as a stark reminder that when infrastructure fails, so does access to care.



Families in Gatwekera, Kibera sub county, Nairobi county were forced to permanently vacate homes that had stood for years after floodwaters made them uninhabitable.



Contaminated water sources and damaged sanitation following the floods heightened the risk of cholera, typhoid, diarrhoea, and malaria among displaced populations.

Kenya Launches Comprehensive Health Security Framework Anchored in NAPHS II (2026–2030)

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 **March**

 Carried out Ministry of Health with support of WHO, Palladium, Kenya Defence Forces, Africa CDC and others.

 **Web Story**

Kenya has launched its second National Action Plan for Health Security (NAPHS II) 2026 to 2030, a fully costed five-year plan aimed at strengthening the country's capacity to prevent, detect, and respond to public health threats.

The plan outlines Kenya's priorities for health security over the next five years. It is informed by findings from Kenya's Joint External Evaluation conducted in September 2024 and aligns with all 19 technical areas, spanning areas such as surveillance, antimicrobial resistance, health emergency management, and risk communication.

NAPHS II focuses on addressing key challenges, including limited county-level capacity for early outbreak detection and response, delays in accessing and deploying emergency funds, and weak coordination between surveillance, laboratory, and emergency response systems. These gaps have previously slowed timely decision-making during health emergencies. The framework establishes a unified system linking policy, operations, data, and accountability.

The NAPHS will support the Implementation of the Kenya National Public Health Institute Strategic Plan 2026–2030, which provides institutional leadership and governance.

In addition, five operational plans have been developed to translate these strategies into action, strengthening surveillance, workforce coordination, digital integration, and One Health approaches across human, animal, and environmental health sectors.

HON. ADEN DUALE,
CABINET SECRETARY FOR HEALTH.

“This signals a deliberate shift from reacting to emergencies to preparing for them”



WHO provided technical guidance, tools and support during the development of these frameworks, ensuring alignment with international standards and that the systems are feasible and implementable.

“Public health security is a shared responsibility,” said Dr. Neema Rusibamayila Kimambo, Acting WHO representative to Kenya, noting that progress reflects strong leadership, sustained partnerships and coordinated action.



DOCUMENTS

Explore how Kenya developed and launched seven national health security frameworks, what each document does, and how they work together to guide surveillance, decision-making, workforce readiness and coordinated response across sectors.

[Click Here](#)

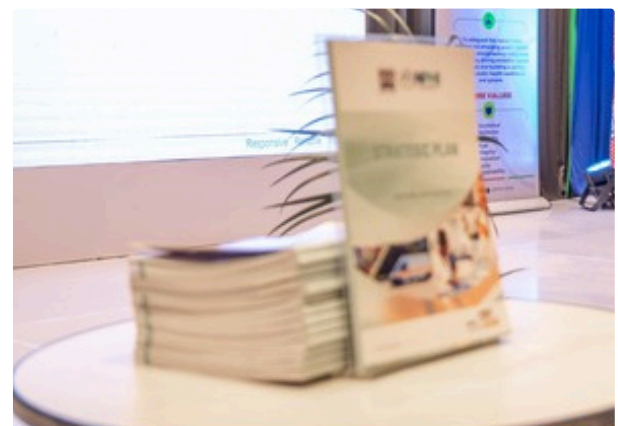


DR NEEMA KIMAMBO,
WHO ACTING REPRESENTATIVE
TO KENYA.

"If we do not put commensurate resources behind this plan, it just becomes a document on the shelf,"

KNPHI will lead the implementation of all seven frameworks. Progress will be reviewed every quarter against set targets.

The Kenya Health Security Convention, was announced at the launch, and will bring together policymakers, scientists, and health workers to translate evidence into action, break sectoral silos, and advance Universal Health Coverage through a bottom-up, stakeholder-driven approach.



*For more information on the **The Kenya Health Security Convention***

[Click Here](#)



Health security is built through collaboration. A unified approach ensures that data, resources, and expertise come together when it matters most helping safeguard lives and build a more resilient future for all



Kenya Advances Plans to Establish Africa's **Second Military Emergency Medical Team**

© WHO | Ardo Farah



March



Carried out Ministry of Health with support of WHO and Kenya Defence Forces



Web Story

Kenya is developing its first Type 2 Emergency Medical Team (EMT), which would make it only the second country in Africa to hold a military EMT designation. The Kenya Defence Forces (KDF), the Ministry of Health, and WHO held a two-day Governance Orientation Workshop in Nairobi on 5 March 2026 to advance this development.

The urgency is clear. In 2024, flooding affected more than 300,000 people and resulted in more than 200 deaths. The same year saw the Mai Mahiu dam collapse kill 60 people, an Embakasi gas explosion kill 10 and injure more than 270, and the Hillside Endarasha Academy school fire claim the lives of 17 pupils. Health authorities were simultaneously managing outbreaks of mpox and cholera. A Type 2 EMT can deliver full inpatient care including surgical services and can be operational within 48 hours of an emergency. Kenya currently does not have a fully functional dedicated EMT, which delays the initiation of treatment during disasters and outbreaks.

The workshop builds on November 2024, when 30 military health professionals completed a WHO-supported EMT induction training, the first of its kind in Kenya. Over two days, participants reviewed global EMT standards, clarified governance roles and responsibilities, and drew on experiences from Senegal and Uganda.



Acting WHO Representative to Kenya

Dr Neema Kimambo,

“Kenya’s move to build emergency medical capacity across surgical care, mental health, and a full range of emergencies is both ambitious and appropriate. WHO remains committed to providing technical guidance, tools, and support throughout,”



Director of Medical Services

Brigadier Dr Japheth Ndegwa, Kenya Defence Forces.

“A country that cannot protect the health of its people cannot protect its security either. This is why we are here because when the next disaster comes, and it will come, we intend to be ready.”



Colonel

Dr Angela Githua,
Kenya Defence Forces.

“As it stands, Kenya lacks a fully functional emergency medical team, delaying timely treatment. Our goal is to deliver quality care at the earliest deployable time to improve outcomes. This would be the second army EMT in Africa, deployable across the region.”

Strengthening national health security through SPAR assessment



March



Carried out Ministry of Health with support of WHO, KNPFI, Palladium, Africa CDC and others

The States Parties Self-Assessment Annual Reporting (SPAR) was conducted under the International Health Regulations (2005) to assess national capacities for preventing, detecting and responding to public health threats.

The process provides an evidence-based snapshot of system performance and identifies priority gaps, supporting progress towards SDG 3.d on health security. Led by the Kenya National Public Health Institute, the assessment brought together the Ministry of Health, WHO and partners in a coordinated, multisectoral review.

The assessment showed progress in key areas, particularly food safety, where stronger technical representation improved coordination and scoring accuracy.

The assessment showed progress in key areas, particularly food safety, where stronger technical representation improved coordination and scoring accuracy.

At the same time, it revealed gaps in emergency response capacity, including limitations in financing, workforce readiness and rapid access to resources.

“SPAR allows us to monitor our performance, track progress from the Joint External Evaluation, and clearly identify where we need to focus to move to the next level,” said Dr Samuel Khadiwani of the Kenya National Public Health Institute.

The findings also point to broader system challenges. Strengthening engagement at county level remains critical, as most health security functions are implemented there. Multisectoral coordination under the One Health approach requires further alignment, and sustainable financing mechanisms are needed to ensure timely response.

“Kenya is strengthening its technical capacity and coordination across sectors, but we need to better harmonise systems, engage counties where implementation happens, and ensure sustainable financing so that these frameworks function effectively during public health emergencies,” said Nelly Saiti, Public Health Officer, Division of Food Safety, Ministry of Health.

The results now guide implementation of the second National Action Plan for Health Security, ensuring that investments and actions focus on identified gaps. They also strengthen the country’s ability to respond to public health threats more effectively. “SPAR provides a clear, evidence-based picture of national readiness. It allows countries to prioritise investments, strengthen systems, and ensure that preparedness translates into timely and effective response when emergencies occur,” said Dr Ngina, WHO Head of Preparedness, Emergency Preparedness and Response.

Priority actions identified through the assessment are guiding capacity-building, system strengthening and policy implementation. Continued collaboration between the Ministry of Health, WHO and partners remains essential to sustain progress and ensure resilience against current and future public health threats.



Reviewing National Preparedness

Technical teams review evidence during the SPAR assessment, strengthening Kenya’s capacity to prevent, detect and respond to public health threats.



A Multisectoral Effort

The SPAR process brings together partners across sectors to strengthen national health security systems.



Mapping Yellow Fever Risk Across Kenya in Over a Decade

February

MOH and WHO

Kenya has completed its first county-level yellow fever risk review since 2013, in collaboration with WHO and national partners. The analysis examined historical cases, vaccination coverage, and environmental risk factors, identifying priority counties with low immunity and previous transmission.

Findings highlight the need to strengthen surveillance, close vaccination gaps, and introduce the vaccine into routine immunisation in high-risk areas.

“This process started in November and in a few months we have made real, tangible progress. Updating Kenya's yellow fever risk profile after more than ten years gives decision-makers the evidence they need to direct vaccines, resources, and action to the right places at the right time,” said Dr Martins Livinus, Team Lead for Emergency Preparedness and Response, WHO Kenya.



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Strengthening Health Security at Kenya's Points of Entry



February

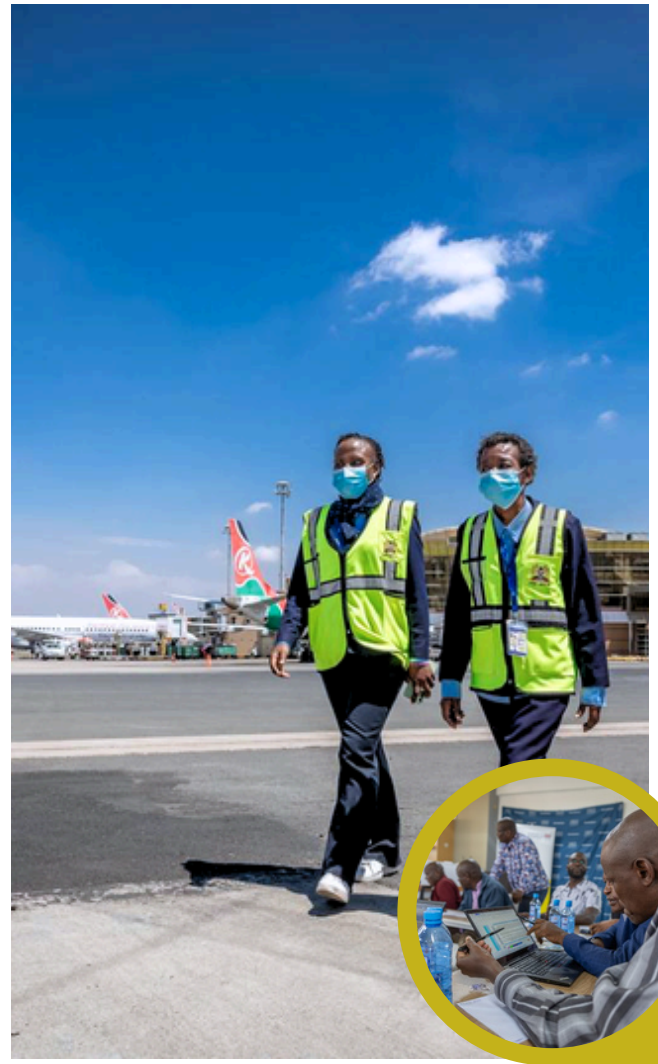


KNPHI and WHO

Kenya conducted IHR core capacity assessments at 15 Points of Entry, including airports, seaports and ground crossings critical to regional health security. The assessments identified gaps in surveillance, emergency preparedness, workforce capacity, and cross-sector coordination.

In response, the Ministry of Health and WHO convened a national workshop to review findings and develop action plans. Participants developed a prioritised workforce strengthening matrix, clarified roles across sectors, and identified key training needs.

This initiative strengthens Kenya's ability to prevent, detect and respond to public health threats, advancing compliance with IHR (2005) and reinforcing national and regional health security systems. These efforts are essential to safeguarding borders and preventing the international spread of disease.



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Dear colleagues, partners, and donors,

The achievements outlined in this bulletin demonstrate measurable progress in strengthening Kenya's capacity to prevent, detect, and respond to public health threats.

Investments in flood response, health security frameworks, surveillance, and emergency medical capacity are translating into faster response times, stronger coordination, and more consistent service delivery at national and subnational levels. The launch of NAPHS II, completion of the SPAR assessment, and progress toward establishing Africa's second military Emergency Medical Team reflect a country increasingly focused on preparing for emergencies rather than simply reacting to them.

Sustaining these gains will require continued investment in county-level capacity, sustainable emergency financing, and integrated surveillance systems to ensure timely and equitable services for all populations, including those in the most vulnerable and hard-to-reach communities.

WHO remains committed to providing technical leadership and operational support to ensure these systems remain functional when they are most needed.

Dr, Livinus Martins Chibueze

Team Lead of Emergency Preparedness Response Cluster, WHO Kenya



Acknowledgement

We extend our **heartfelt gratitude to our partners and donors** for your vital support. We look forward to strengthening our collaboration and to continue working towards our shared goal to champion health and a better future for all.





World Health Organization

Kenya

FOR MORE INFORMATION

WHO Kenya Communications

Ardo Farah
arfarah@who.int

Genna Print
printg@who.int



**World Health
Organization**

Kenya

HEALTH
EMERGENCIES
programme



afkeninfo@who.int



x.com/whokenya

Contact Us:



afro.who.int/countries/kenya



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