

What can Kenya Learn from other Country Responses to a COVID-19 Second Wave?

Key Messages

- Learn from the first wave and introduce interventions that are proportionate to the problem in Kenya rather than other contexts
- Do not impose restrictions that will hurt Kenyans socio-economically, have collateral effects on other essential health services, with very little health benefit. Select restrictions to re-introduce based on not just health but socio-economic impact
- Enhance capacity to test and trace cases but adapt this to deliver value for the limited available resources
- Intensify public health infection prevention and control interventions that include universal masking in public places, hand and cough hygiene and physical distancing in public spaces
- Intensify control of case importations through self - quarantine and the use of technology to monitor track and trace inbound travellers
- Intensify real-time disease surveillance to identify clusters/spikes of cases
- Use information on real-time surveillance to implement localized and targeted interventions
- Do not relent on developing and enhancing health system capacity

Introduction

Several countries, mostly in Europe, the USA, Latin America and some parts of Asia, are now experiencing a resurgence of COVID-19 cases after restrictions were lifted over the last few months. In the first two weeks of October 2020, there have been over 280,000 cases reported in France, over 225,000 reported in the UK, over 95,000 in Spain and over 69,000 in Germany. Several of these countries are responding by reintroducing restrictions to curb the rise of infections. An increase in cases was expected. Kenya and other countries in Sub-Saharan Africa are experiencing a different pandemic from Europe and the USA characterized by lower incidence of severe cases and infection fatality rate. There is mounting evidence from multiple African countries to support this theory (seroprevalence studies in Kenya, Malawi, Ethiopia).

What are Other Countries Doing?

Table 1 outlines a summary of responses to the resurgence of COVID-19 in selected countries. The overarching approach by countries in dealing with the second wave involves:

- Avoiding national wide blanket and hard lockdowns
- Implementing **localized and targeted** restrictions
- Delegating the task of implementing new restrictions to local authorities
- Intensifying test and trace and surveillance
- Intensifying infection control measures including universal masking

Table 1: Summary of some country responses to COVID-19 resurgence

Country	Restrictions
Spain	Localized measures <ul style="list-style-type: none"> • 15-day state of emergency declared in Madrid • Movement within Madrid is restricted and only for essential travel trips e.g. school and work • Social gatherings restricted to 6 people • Bars and restaurants close by 22:00, but in some areas they are closed and only take-out is allowed • Masks are compulsory in outdoor and enclosed spaces

Country	Restrictions
France	<p>Localized measures</p> <ul style="list-style-type: none"> • The government has delegated the task of implementing new regulations to regional authorities • In Bordeaux and Marseille dancing has been banned at bars and weddings • In Bordeaux and Marseille employees work from home if possible • Sale and consumption of alcohol on the streets after 8p.m. has been banned in Marseille and Paris • Schools will now only shut if a minimum of three students test positive for the virus • Declared a state of emergency • Instituted a curfew from 21:00 to 06:00 • Masks are obligatory in all public spaces • Bars, gyms and swimming pools closed for two weeks in Paris • Only 6 people allowed to gather inside private homes • Social gatherings restricted to 10 people • Weddings, parties and other organized gatherings are banned
Ireland	<p>Localized measures</p> <p>For example, Dublin has experienced a resurgence of cases:</p> <ul style="list-style-type: none"> • Dublin has been placed under level 3 restrictions, while the rest of the country is at level 2 • Under level 2, schools, restaurants and pubs remain open but there are limitations on the number of people that can gather in private and public spaces • In Dublin, indoor social gatherings have been limited to visitors from only one other household and cannot exceed six people. • All museums and other cultural attractions have been closed. Restaurants, cafes and pubs can only stay open for take-away services or for outdoor dining. • Everyone has been asked to work from home if possible.
UK	<p>Localized measures</p> <ul style="list-style-type: none"> • Introduced a new Covid-19 alert level system • No more than 6 people in a group indoors and outdoors • Pubs, restaurants must close by 22:00 • No social meeting with people you don't live with • People advised not to travel into or out of high alert regions
Germany	<p>Localized measures</p> <ul style="list-style-type: none"> • In Bavaria, a five-person (or two-household) limit on social gatherings • In Bavaria, a ban on alcohol consumption in public places, • In Bavaria, a curfew on restaurants • In high risk areas such as Berlin, restaurants and bars must close at 23:00 • One district has gone into temporary lockdown • Private parties and gatherings are limited to 10 • The ban on large gatherings continues • Masks are mandatory in public spaces • Testing at airports was made compulsory but from September 30th, travellers have had to self isolate for 14 days

Country	Restrictions
South Korea	Localized measures <ul style="list-style-type: none"> • High risk facilities including nightspots and fitness centres were closed and restricted dining at restaurants • Indoor gatherings of over 50 people and outdoor events of over 100 people are banned • In person church services were also banned • Face masks on mass transportation and in public places are compulsory
Belgium	Localized measures <ul style="list-style-type: none"> • Enforced a curfew from 12:00 to 05:00 • Alcohol sales banned after 20:00 • Cafes and restaurants will be closed for a month • The markets remain open but with respect to the rules of social distancing of 1.5 meters, mask-wearing and hand hygiene • Number of people one is allowed to see socially (excluding family members) has been reduced to 1 • People ordered to work from home (where possible)
Italy	Localized measures <ul style="list-style-type: none"> • Mayors will get powers to close public areas after 21:00 • Bars and restaurants must close at midnight, but after 18:00 only table service is allowed • Maximum of six people can gather in a group • Large gatherings remain suspended • Face masks are mandatory everywhere except private homes
Netherlands	Localized measures <ul style="list-style-type: none"> • Restaurants and bars will only be able to serve takeaways • People will be advised to work from home • Social gatherings inside people's homes must not exceed three people • Fans will no longer be allowed to attend sports events • Alcohol not sold after 20:00 • All shops, apart from supermarkets, must close by 20:00 across the country

What can Kenya Consider Doing?

- **Learn from the first wave and introduce interventions that are proportionate to the problem in Kenya rather than Europe/US;** Kenya's pandemic is characterized by 1) fewer symptomatic cases (less than 10%), fewer cases needing hospitalization, and fewer deaths compared to US/Europe etc. The **important metric to monitor** is severe cases and deaths, not just cases. Ask, **are there more hospitalized cases? more in ICU? are there more deaths?** Therefore, do not impose restrictions that will hurt Kenyans socio-economically, have collateral effects on other essential health services, with very little health benefit
- Strengthen quality of reporting and use of PHEOC data
- **Intensify but adapt test and trace (smart testing):** Enhance capacity to test and trace cases but adapt this deliver value for the limited available resources. Test high risk groups (define them) and augment this PCR test with antibody testing to identify high risk groups and support surveillance
- **Intensify public health infection prevention and control interventions:** continue to enforce but also to advocate for, including using social-marketing approaches, universal masking in public places, hand and cough hygiene and physical distancing in public spaces
- **Intensify control of case importation:** Consider using technology (like a mobile app) to monitor quarantine, track and trace inbound travellers. A mobile app like the one used for home-based care could be used by people quarantining as well including people flying into the country

- **Intensify real-time disease surveillance to identify clusters/spikes of cases:** this surveillance should not just be focused on confirmed COVID-19 cases/leverage on clinical surveillance to monitor upsurges of outpatient and inpatient cases of flu-like/COVID like disease (e.g. severe acute respiratory infection). This is already happening so keep on
- **Use information on real-time surveillance to implement localized and targeted interventions:** Have a systematic mechanism of re-introducing restriction to specific locations where spikes and clusters of cases are reported – this could include more strict curfews in specific sub-counties and temporary closure of sites with observed super-spreader events -e.g. closure of an office, a church or a school if multiple cases are reported linked to that event/site
- **Select interventions to re-introduce based on not just health but socio-economic impact:** for instance, when it is required, restrict non/low-commercial social gatherings (e.g. religious meetings, weddings, etc) before restricting commercial activities (restaurants etc)
- **Leverage on existing information systems to enhance real-time surveillance:** Be practical, resources are scarce to launch new surveillance systems in the short term. So map existing **real-time health data collection activities** across government agencies (DHIS 2, CRVS), development partners, and private sector and develop a common reporting framework of very **few and relevant** indicators – for instance, work with private insurance companies and NHIF to report daily/weekly admissions from respiratory disease from their claims data
- **Strengthen home-based care:** Assess gaps in home-based care and fill these and enhance linkage with the system. Health facilities and health workers have limited capacity to handle large cases and so home-based care remains the best way to adapt the system to adjust to a surge
- **Do not relent on developing and enhancing health system capacity:** focus on essential care rather than advanced care because that is where you will get the most value, and continue to map gaps across all health system blocks and invest in them over the next year. Epidemics may come in several rather than only 1-2 waves!

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