

REPUBLIC OF KENYA

Kenya Multisectoral Public Health Emergency Surge Strategic Plan 2026–2031

Draft for technical review and validation

*Prepared under the leadership of the Ministry of Health and the Kenya National Public Health
Institute*

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Foreword

The Government of Kenya recognises that public health emergencies have become more frequent, more disruptive, and more difficult to manage through routine systems alone. Outbreaks, floods, droughts, zoonotic threats, chemical events, and other complex emergencies now place simultaneous pressure on health services, laboratories, logistics, financing, and communication systems. These events also affect livelihoods, education, trade, food systems, and social cohesion. In this context, preparedness cannot be viewed as a narrow technical exercise. It must be treated as a strategic national investment in resilience.

This Strategic Plan has been developed to guide the strengthening of Kenya's multisector public health emergency surge capacity over the period 2026–2031. It responds to lessons generated from recent emergencies and from consultations with national and county stakeholders during the review of the original surge response framework. Stakeholders were clear that Kenya requires not only operational procedures but also a medium-term strategy that defines priorities, allocates responsibility, and provides a coherent basis for financing, implementation, and accountability. The present document therefore reframes surge preparedness and response as a strategic national function within Kenya's health security architecture.

The plan affirms the central role of county governments in frontline public health emergency response while also recognising the indispensable leadership functions of the Ministry of Health, KNPHI, the National Public Health Emergency Operations Centre, and partner ministries and agencies. It is grounded in the principles of subsidiarity, timeliness, coordination, accountability, equity, and evidence-based decision-making. It also embraces the One Health approach by emphasising the interdependence of human, animal, and environmental health and the need for joint action across sectors.

Implementation of this Strategic Plan will require commitment at all levels. National institutions must provide policy leadership, standards, technical guidance, and catalytic investments. County governments must sustain local preparedness systems, workforce rosters, logistics readiness, and community engagement mechanisms. Development partners and technical institutions must align support to nationally led priorities. Communities, civil society organisations, and professional bodies must remain active participants in preparedness and response. Together, these actors can create a robust and scalable surge system capable of protecting lives and maintaining essential services during emergencies.

I commend all institutions and stakeholders who contributed to the development of this Strategic Plan and call upon them to support its implementation. Through coordinated action, sustained investment, and a commitment to continuous learning, Kenya can strengthen its readiness to manage public health emergencies and safeguard the well-being of its people.

Acknowledgements

The preparation of this Strategic Plan was led by the Ministry of Health and the Kenya National Public Health Institute with contributions from county governments, the National Disaster Operations Centre, the National Drought Management Authority, veterinary, wildlife, environment, agriculture and laboratory authorities, and development partners. The plan reflects insights generated through document review, technical consultations, and validation meetings across thematic groups covering governance, workforce, risk communication, information management, logistics, and finance.

The Government of Kenya acknowledges the operational experience shared by county teams and recognises the technical support provided by partners during the review of the original framework and its conversion into a strategic plan.

Executive Summary

The Kenya Multisectoral Public Health Emergency Surge Strategic Plan 2026–2031 provides a national roadmap for strengthening the country’s capacity to rapidly mobilise coordinated multisector surge responses to public health emergencies. The plan addresses the increasing risks posed by infectious disease outbreaks, zoonotic events, environmental hazards, climate-related disasters, chemical incidents, and complex emergencies that can overwhelm routine systems and disrupt essential services.

The Strategic Plan builds on Kenya’s progress in establishing national and county Public Health Emergency Operations Centres, strengthening surveillance and laboratory systems, and implementing the National Action Plan for Health Security. However, consultations undertaken during validation of the earlier surge response framework highlighted persistent challenges in governance clarity, surge workforce readiness, emergency logistics, financing speed, information sharing, social listening, and accountability for results. Stakeholders therefore recommended developing a comprehensive strategic plan aligned with the Government of Kenya’s Fifth Generation Strategic Planning Guidelines.

The overarching goal of the plan is to strengthen Kenya’s capacity to rapidly mobilise and coordinate multisector surge responses to public health emergencies, thereby reducing morbidity, mortality, and socio-economic disruption. To achieve this goal, the plan organises action around six Key Result Areas: Governance and Multisector Coordination; Surge Workforce Capacity; Emergency Operations and Logistics Systems; Information and Intelligence Systems; Risk Communication and Community Engagement; and Sustainable Financing for Public Health Emergency Response.

Implementation of the strategy will follow a national and county system approach. The Ministry of Health will provide policy leadership and oversight. KNPHI will provide technical leadership, standards, and coordination support. County governments will maintain frontline readiness, operate county PHEOCs, sustain county rosters and logistics readiness, and coordinate local response. Sector agencies, professional bodies, civil society organisations, communities, and development partners will contribute in accordance with defined roles and agreed tasking arrangements.

The estimated indicative resource requirement for implementing the plan is USD 305 million over the 5-year period. The financing strategy combines domestic resource mobilisation, county budget integration, targeted partner support, and alignment to broader health security and disaster risk financing mechanisms. The plan includes a results framework, a logical framework matrix, a Theory of Change, a county surge capacity model, and a monitoring, evaluation, and reporting framework to guide implementation and accountability.

By implementing this Strategic Plan, Kenya will be better positioned to activate surge structures rapidly, deploy trained personnel and supplies efficiently, communicate credibly with the public, coordinate across sectors and levels of government, and learn systematically from emergencies and exercises. The plan, therefore, represents both a preparedness instrument and a broader investment in national resilience.

Acronyms and Abbreviations

Acronym	Meaning
AAR	After-Action Review
CHMT	County Health Management Team
DRM	Disaster Risk Management
IAP	Incident Action Plan
IHR	International Health Regulations
IMS	Incident Management System
KNPHI	Kenya National Public Health Institute
M&E	Monitoring and Evaluation
MDS	Minimum Data Set
MOH	Ministry of Health
NAPHS	National Action Plan for Health Security
NDMA	National Drought Management Authority
NDOC	National Disaster Operations Centre
PHEOC	Public Health Emergency Operations Centre
RCCE	Risk Communication and Community Engagement
RRT	Rapid Response Team
SDG	Sustainable Development Goal
SitRep	Situation Report
SOP	Standard Operating Procedure
ToC	Theory of Change

Definition of Terms

Term	Definition
Activation	Formal decision by an authorised official to initiate surge coordination and related response processes for a named public health event.
County surge capacity	The human, logistical, financial, coordination, and information management resources available within a county to manage emergencies beyond routine operations.
Operational period	A defined block of time for which incident objectives, tasks, resources, and reporting arrangements are set.

Term	Definition
Surge	The temporary expansion of personnel, logistics, financing, information management, and coordination functions is needed to manage a public health emergency above routine capacity.

Chapter 1: Introduction

1.1 Background

Public health emergencies remain a significant threat to Kenya’s health system, economy, and social well-being. The country is exposed to a wide range of hazards, including infectious disease outbreaks, zoonotic spillovers, food safety events, chemical incidents, floods, droughts, and other climate-sensitive emergencies. Many of these events occur with little warning and require coordinated action across sectors and levels of government. As public health risks become more complex, routine systems alone are often insufficient to manage the scale and pace of response required.

Over the past decade, Kenya has made important investments in surveillance, laboratory capacity, emergency operations, and health security planning. National and county Public Health Emergency Operations Centres have been established or strengthened, rapid response teams have been trained, and emergency coordination practices have matured through real events and simulation exercises. These gains provide a strong platform for further strengthening surge capacity. However, evidence from recent emergencies and consultations with stakeholders also shows that important gaps remain in governance clarity, workforce readiness, logistics, financing, and information management.

During review of the earlier Kenya Multisector Surge Operational Framework, validators concluded that the country required a strategic plan rather than an operational framework alone. The framework contained many practical elements, including activation text, templates, and procedural guidance, but lacked the strategic architecture expected of a Government of Kenya plan. Specifically, reviewers noted the need for a stronger strategic direction, clearer results statements, better alignment with national planning guidelines, more explicit financing and monitoring arrangements, and a clearer explanation of how national and county institutions should invest over time in surge preparedness.

The Kenya Multisectoral Public Health Emergency Surge Strategic Plan 2026–2031 has therefore been developed to provide a medium-term, results-oriented roadmap for strengthening surge capacity within Kenya’s health security and disaster risk management architecture. It reframes surge not as a single response tool, but as a broader system comprising governance, people, financing, operations, information, communication, and learning.

1.2 Rationale for the Strategic Plan

The rationale for this Strategic Plan is rooted in both epidemiological reality and institutional necessity. Kenya’s public health emergency burden is shaped by recurring outbreaks, ecological change, cross-border movement, rapid urbanisation, and recurrent weather-related shocks. These dynamics create repeated demand for additional personnel, logistics, laboratory support, financing, and communication capacity. In practice, the most difficult moments in emergencies

often arise not because a technical solution is unknown, but because surge resources cannot be mobilised or coordinated quickly enough.

Stakeholder review confirmed that while county and national teams have made progress in emergency preparedness, preparedness capacities remain uneven. Some counties have functioning coordination structures, trained rosters, and basic logistics systems, while others continue to rely heavily on ad hoc mobilisation and external support. The lack of a strategic plan has made it difficult to establish minimum standards, sequence investments, and consistently monitor progress across the country. This strategy addresses that gap by defining strategic objectives, result areas, and implementation priorities.

Another key rationale is the need to align surge preparedness with Kenya's formal planning and budgeting processes. The Government of Kenya's Fifth Generation Strategic Planning Guidelines require strategic plans to articulate the situational context, strategic direction, implementation architecture, financing strategy, and monitoring framework for the period under consideration. A standalone operational framework is insufficient for mobilising medium-term investment, linking priorities to public expenditure, or ensuring coherent accountability. This plan, therefore, serves as the instrument through which surge preparedness can be integrated into national and county planning cycles.

Finally, the strategy is intended to improve policy coherence. Public health emergencies are inherently multisectoral. Effective management requires collaboration among health, veterinary, environment, wildlife, agriculture, disaster management, security, communications, treasury, transport, and community systems. By setting out a single strategic direction for multisector surge capacity, the plan creates a common reference point for government, counties, development partners, professional bodies, and civil society.

1.3 Purpose of the Strategic Plan

The purpose of this Strategic Plan is to provide a coordinated national strategy for strengthening multisector surge capacity to prepare for, activate, and sustain response to public health emergencies in Kenya. It aims to ensure that surge systems are governed strategically, financed predictably, implemented consistently nationwide, and monitored through clear results and indicators.

The plan is also intended to guide the transition from fragmented, event-specific surge arrangements toward an institutionalised national system. It therefore addresses the capacities that must be in place before emergencies occur, the mechanisms that enable rapid scale-up during events, and the learning processes that enable the system to improve over time.

The strategy is designed for national policy makers, KNPHI, county governments, emergency operations teams, sector agencies, development partners, training institutions, and oversight entities. It provides direction without displacing operational manuals, incident management

procedures, or hazard-specific technical guidance. Instead, it sits above those tools, giving them a coherent strategic home.

1.4 Scope of the Strategic Plan

This Strategic Plan adopts an all-hazards approach. It covers public health emergencies and related events that require additional resources and multisector coordination beyond routine arrangements. These include communicable disease outbreaks, zoonotic events, climate-related disasters with health consequences, food safety incidents, antimicrobial resistance threats, chemical exposures, mass casualty public health events, and complex emergencies that disrupt essential services.

The scope is national and subnational. It applies to the Ministry of Health, KNPHI, county governments, county public health teams, national and county PHEOCs, and all sectors that must contribute to emergency preparedness and response. The plan covers preparedness investments, activation and coordination arrangements, workforce and training systems, logistics and operational support, information and intelligence, risk communication and community engagement, emergency financing, monitoring and evaluation, and sustainability.

The plan does not replace detailed standard operating procedures, hazard-specific response plans, or county annexes. Rather, it provides the strategic basis for updating, financing, and implementing such instruments during the period 2026–2031.

1.5 Legal and Policy Framework

The Strategic Plan is anchored in the Constitution of Kenya (2010), the Health Act (2017), the Public Health Act, the Public Finance Management Act, the Public Procurement and Asset Disposal Act, and the Data Protection Act (2019). These instruments provide the legal basis for public health action, financing, procurement, information governance, and institutional mandates relevant to surge preparedness and response.

It is also aligned with Kenya’s wider policy and strategy architecture, including the National Action Plan for Health Security, the Kenya Disaster Risk Management Strategy, the One Health Strategic Framework, and county-level planning instruments. At the global level, the strategy supports implementation of the International Health Regulations (2005) and contributes to resilience goals reflected in the Sustainable Development Goals.

Importantly, the plan is designed to operate within Kenya’s devolved system of governance. It recognises that county governments lead operational responses within their jurisdictions, while national institutions provide policy oversight, specialised technical support, standard-setting, and cross-county coordination when events escalate.

1.6 Strategic Planning Process

The Strategic Plan was developed through a consultative process that included reviewing the draft surge operational framework, thematic validation comments, and the Government of Kenya's Revised Guidelines for the Preparation of Fifth-Generation Strategic Plans. The planning process deliberately combined document review with stakeholder dialogue to ensure the final strategy reflected both official planning requirements and practical operational realities.

Consultations drew on technical contributions from reviewers across governance, workforce, RCCE, information management, operations, logistics, and finance. Particular attention was paid to recurring concerns raised during validation, including the need to convert the document from a framework into a strategic plan; clarify roles between national and county institutions; strengthen financing and resource mobilisation; improve the monitoring and evaluation framework; and better articulate information governance, social listening, and multisector coordination.

The plan should therefore be read as a revised and strategically repositioned document. Operational tools from the earlier framework have been retained and reorganised into annexes, while the main body of the plan now focuses on strategic priorities, implementation arrangements, financing, and results.

Chapter 2: Situational and Stakeholder Analysis

2.1 Overview of Kenya's Public Health Emergency Risk Landscape

Kenya's public health emergency risk landscape is shaped by biological, environmental, climatic, and technological hazards that often interact, intensifying vulnerability. Recurrent outbreaks of cholera, measles, dengue, Rift Valley fever, and other priority conditions have demonstrated the continuing burden of epidemic-prone diseases. At the same time, climate shocks such as flooding and drought contribute to displacement, malnutrition, water and sanitation crises, and changes in vector and zoonotic disease patterns. These risks are further compounded by rapid urbanisation, growth in informal settlements, cross-border trade and migration, and pressure on routine service delivery.

The implications of this risk landscape are twofold. First, Kenya must be able to detect and assess a broad spectrum of threats quickly. Second, it must maintain the ability to mobilise additional capacity when threats escalate beyond routine levels. Surge, therefore, has to be conceptualised as a standing national function, not merely an ad hoc emergency response activity. The strategy is designed with this broader systems perspective in mind.

Analysis of stakeholder comments showed that surge demands frequently extend beyond the health sector. Animal health surveillance, laboratory transport, environmental assessment, water and sanitation action, food safety inspection, public information, security support, transport logistics, and fiscal approvals may all become critical within the first operational period of an incident. A strategic plan must therefore support multisector readiness rather than focus only on incident command procedures.

2.2 Trends in Public Health Emergencies

Recent emergency experience confirms a trend toward more complex events with wider social and geographic consequences. While some emergencies remain localised and short-lived, others now involve multiple counties, repeated operational periods, extensive partner engagement, and sustained demand for laboratory and logistics support. The COVID-19 pandemic was the clearest example of a prolonged, system-wide emergency, but smaller events have also revealed bottlenecks in transport, rostering, communication, and financing.

One trend is the growing overlap between acute public health hazards and climate-related shocks. Floods may lead to cholera outbreaks, disruptions to routine services, vector proliferation, and displacement within a short period. Drought may trigger livestock movement, nutritional deterioration, and pressure on water quality systems. As these interactions become more visible, surge systems must become more anticipatory, using forecast-informed readiness actions rather than waiting only for laboratory confirmation or overt service failure.

A second trend is the increasing expectation for real-time public communication and information transparency. Social media and digital information channels have transformed the response environment. Rumours, misinformation, and public anxiety can spread faster than official messages. Consequently, surge capacity must now include not only epidemiologists and logisticians, but also social listening, media, and community engagement capability.

2.3 Climate Change and Health Security

Climate change has become a major multiplier of public health risk in Kenya. Extreme rainfall, flooding, prolonged dry spells, and heat stress influence patterns of disease transmission, population displacement, food security, and pressure on essential services. Counties that are already managing fragile health infrastructure are often the same ones exposed to climate-sensitive hazards, underscoring the need for flexible, resilient surge arrangements.

The strategic implications of climate change are significant. Forecast-based preparedness should become a routine feature of surge planning; county and national rosters should account for seasonal hazard patterns; and stockpiling, transport planning, and contingency financing should reflect localised climate exposure. This plan, therefore, positions climate integration as both a planning assumption and a practical implementation requirement.

2.4 Current Public Health Emergency Response Capacity

Kenya has an established foundation for emergency preparedness and response. National and county authorities have made progress in surveillance, laboratory systems, emergency operations, and workforce development. KNPHI and the National PHEOC serve as anchors for technical coordination, while counties retain frontline responsibilities for investigation, response, and community engagement. Many counties have also accumulated practical emergency experience that can be leveraged to strengthen systems.

Nevertheless, preparedness and response capacity remain uneven. Not all counties have fully operational PHEOCs, standard activation protocols, up-to-date rosters, or reliable county-level surge funding pathways. In some settings, logistics and transport arrangements remain heavily dependent on external partners or informal mobilisation. In others, information management systems are in place but not consistently used to support operational decision making. These disparities reinforce the need for a strategic approach that defines minimum standards while allowing adaptation to the county context.

2.5 Institutional Landscape

The Ministry of Health provides policy leadership and stewardship for public health emergency preparedness and response. In contrast, KNPHI provides technical leadership across surveillance, epidemiology, laboratory coordination, and public health emergency management functions. The National PHEOC supports incident coordination, information management, and cross-sector engagement. County governments, through County Directors of Health and county

response structures, manage events within their jurisdictions and are the principal operational implementers of surge functions.

Beyond the health sector, several institutions play critical roles. The National Disaster Operations Centre supports whole-of-government coordination; the National Drought Management Authority contributes forecast, early warning, and drought coordination functions; veterinary services, wildlife, agriculture, and environment agencies contribute specialised risk assessment and response capacity; treasury and procurement authorities enable financing and acquisition; and security and administrative structures help facilitate safe and timely operations. The strategy recognises that the effectiveness of surge response depends on how well these institutions coordinate before, during, and after events.

2.6 Stakeholder Analysis

Stakeholder analysis for the Strategic Plan identifies several key stakeholder categories: national policy and technical institutions; county governments and county health teams; sector ministries and agencies; development partners; research and training institutions; professional associations; civil society organisations; private sector suppliers and logistics actors; media actors; and communities themselves. Each stakeholder group influences surge preparedness through different levers, including financing, service delivery, information sharing, training, social mobilisation, and accountability.

Stakeholder consultations highlighted the importance of clear expectations and tasking arrangements. Counties want predictable national support and standards; national institutions require reliable county reporting and implementation; partners want clear points of engagement and accountability; communities require timely information and meaningful participation. A successful strategy must therefore create not only technical systems but also trusted, formalised, and routinely maintained institutional relationships.

2.7 SWOT Analysis

Kenya's surge preparedness system has several strengths. These include an established national health security agenda, functioning surveillance and laboratory networks, growing PHEOC practice, strong county experience with outbreak response, and a broad ecosystem of technical and development partners. The country also has increasing recognition of One Health principles and a stronger policy basis for emergency coordination than in previous periods.

However, important weaknesses persist. These include uneven county readiness, incomplete workforce rosters, inconsistent logistics systems, variable financing speed, gaps in information governance, and limited social listening capacity. Opportunities include renewed national and global attention to health security, greater county integration, digital information innovations, and growing interest in anticipatory action for climate-sensitive events. Threats include

continued climate variability, expanding misinformation, fiscal constraints, high staff turnover, and the risk that preparedness investments may be deprioritised in non-emergency periods.

2.8 Strategic Issues Emerging from the Analysis

The situational analysis points to a clear set of strategic issues. First, surge governance requires stronger policy anchoring, clearer roles, and alignment between the national and county levels. Second, workforce readiness must be institutionalised through rosters, training pathways, and retention strategies rather than relying solely on periodic ad hoc training. Third, emergency operations and logistics need stronger transport, stock management, and procurement pathways. Fourth, information and intelligence systems must be timely, interoperable, and trusted by decision makers. Fifth, RCCE must move beyond message dissemination to include social listening, rumour management, and community partnership. Sixth, financing mechanisms must be predictable, rapid, and auditable.

These strategic issues form the basis for the six Key Result Areas presented in Chapter 3 and operationalised through the results framework, costing strategy, and implementation arrangements in later chapters.

Chapter 3: Strategic Direction

3.1 Vision

A resilient Kenya with the capacity to anticipate, activate, and sustain coordinated multisector surge responses to public health emergencies to protect lives, safeguard communities, and maintain essential services.

3.2 Mission

To strengthen national and county capacities for coordinated public health emergency surge response through effective governance, a skilled workforce, operational readiness, timely information systems, credible communication, and sustainable financing mechanisms.

3.3 Core Values

The values of accountability, collaboration, timeliness, equity and inclusion, professionalism, integrity, and evidence-based decision making guide the Strategic Plan. These values are intended to shape both the substance of the strategy and the way institutions work together during implementation.

Accountability requires clarity of roles, transparent use of resources, and routine reporting. Collaboration requires an active partnership between national and county institutions and between sectors. Timeliness emphasises that delays in activation, deployment, or financing can significantly increase the human and economic costs of emergencies. Equity and inclusion underscore the need to serve vulnerable populations and ensure that surge systems are accessible, locally relevant, and respectful of community realities.

3.4 Overarching Strategic Goal

The overarching strategic goal of the Kenya Multisectoral Public Health Emergency Surge Strategic Plan is to strengthen Kenya's capacity to rapidly mobilise coordinated multisector surge responses to public health emergencies, thereby reducing morbidity, mortality, and socio-economic disruption.

This goal reflects both the ambition for emergency response and broader health system resilience. A functional surge system improves not only outbreak control but also service continuity, public trust, intergovernmental collaboration, and institutional learning.

3.5 Key Result Areas

To achieve the strategic goal, the plan is organised around six Key Result Areas (KRAs): Governance and Multisector Coordination; Surge Workforce Capacity; Emergency Operations and Logistics Systems; Information and Intelligence Systems; Risk Communication and Community Engagement; and Sustainable Financing for Public Health Emergency Response.

These KRAs were derived from analysis of the draft framework, validation comments, and national strategic planning requirements. Each KRA contains a strategic objective, priority strategies, expected outputs, indicative milestones, and associated indicators. Together, they provide the architecture for implementation over the 5-year period.

3.6 Summary of the Six KRAs

Key Result Area 1 addresses the institutional architecture and coordination mechanisms that enable surge action to be legitimate, coherent, and rapid. Key Result Area 2 focuses on the availability, readiness, and protection of people needed to implement the response. Key Result Area 3 covers the practical systems that move people, supplies, transport, and services in real time. Key Result Area 4 focuses on the information, intelligence, and data governance functions required for timely decision-making. Key Result Area 5 strengthens risk communication, social listening, and community partnership. Key Result Area 6 ensures that the system can be financed rapidly and sustainably.

The plan deliberately links these KRAs rather than treating them as separate technical silos. For example, workforce readiness depends on financing and logistics; logistics performance depends on governance and data; and communication effectiveness depends on community trust, coordination, and accurate information. The Theory of Change and results chain included later in the document show how these relationships interact.

Chapter 4: Strategic Objectives, Outcomes and Results Framework

4.1 Introduction

This chapter translates the strategic direction into measurable outcomes and outputs. It specifies the strategic objective for each KRA, summarises priority strategies, and presents the results framework that will guide implementation and monitoring. It also includes the Theory of Change and results chain that explain how investment in preparedness systems is expected to generate improved public health emergency performance and broader resilience outcomes.

KRA 1: Governance and Multisector Coordination

To strengthen governance structures and multisector coordination mechanisms for public health emergency preparedness and surge response.

The plan treats KRA 1: governance and multisector coordination as a medium-term investment area rather than as a single emergency action. Implementation will therefore focus on systems, standards, and institutional routines that build cumulative preparedness over the strategy period.

Priority strategies under KRA 1: governance and multisector coordination are listed below and are further elaborated in Chapters 5 to 7 and the annexed matrices.

- Strengthen national leadership and policy stewardship for surge preparedness.
- Clarify national, county, and sector roles and interfaces for activation and escalation.
- Institutionalise multisector coordination arrangements, including One Health structures and whole-of-government support pathways.
- Strengthen standard-setting, accountability, and periodic review of surge capacities.

KRA 2: Surge Workforce Capacity

To strengthen the availability, readiness, safety, and deployment capacity of surge personnel at the national and county levels.

The plan treats KRA 2: surge workforce capacity as a medium-term investment area rather than as a single emergency action. Implementation will therefore focus on systems, standards, and institutional routines that build cumulative preparedness over the strategy period.

Priority strategies under KRA 2: surge workforce capacity are listed below and are further elaborated in Chapters 5 to 7 and the annexed matrices.

- Establish and maintain national and county rosters for critical functions.
- Expand training, drills, and performance-based competency development for emergency responders.
- Strengthen workforce safety, welfare, and psychosocial support arrangements.

- Promote retention, continuity, and institutionalisation of surge roles.

KRA 3: Emergency Operations and Logistics Systems

To strengthen operational systems for the rapid deployment of personnel, equipment, supplies, and support services during public health emergencies.

The plan treats KRA3: emergency operations and logistics systems as a medium-term investment area rather than as a single emergency action. Implementation will therefore focus on systems, standards, and institutional routines that build cumulative preparedness over the strategy period.

Priority strategies under KRA 3: emergency operations and logistics systems are listed below and are further elaborated in Chapters 5 to 7 and the annexed matrices.

- Strengthen operational readiness of national and county PHEOCs.
- Improve transport, stock management, warehousing, cold chain, and vendor arrangements.
- Strengthen emergency procurement and rapid support processes.
- Improve county and national capacity to manage sustained, multi-county emergencies.

KRA 4: Information and Intelligence Systems

To strengthen surveillance, information management, and risk intelligence systems that support timely decision making during public health emergencies.

The plan treats KRA 4: information and intelligence systems as a medium-term investment area rather than as a single emergency action. Implementation will therefore focus on systems, standards, and institutional routines that build cumulative preparedness over the strategy period.

Priority strategies under KRA 4: information and intelligence systems are listed below and are further elaborated in Chapters 5 to 7 and the annexed matrices.

- Improve the integration of data streams and the adoption of minimum data standards.
- Strengthen analytic capacity for situational awareness and risk assessment.
- Improve routine production and use of SitReps, dashboards, and decision products.
- Strengthen data governance, confidentiality, and interoperability arrangements.

KRA 5: Risk Communication and Community Engagement

To strengthen systems for public communication, social listening, rumour management, and community partnership during public health emergencies.

The plan treats KRA 5: risk communication and community engagement as a medium-term investment area rather than as a single emergency action. Implementation will therefore focus

on systems, standards, and institutional routines that build cumulative preparedness over the strategy period.

Priority strategies under KRA 5: risk communication and community engagement are listed below and are further elaborated in Chapters 5 to 7 and the annexed matrices.

- Strengthen national and county RCCE coordination arrangements.
- Institutionalise social listening and misinformation management.
- Strengthen spokesperson readiness, message clearance pathways, and audience segmentation.
- Expand community partnership models through local leadership, facilities, and civil society.

KRA 6: Sustainable Financing for Public Health Emergency Response

To establish predictable, rapid, and accountable financing mechanisms that support surge preparedness and response.

The plan treats KA 6: sustainable financing for public health emergency response as a medium-term investment area rather than as a single emergency action. Implementation will therefore focus on systems, standards, and institutional routines that build cumulative preparedness over the strategy period.

Priority strategies under KRA 6: sustainable financing for public health emergency response are listed below and are further elaborated in Chapters 5 to 7 and the annexed matrices.

- Integrate surge preparedness into national and county plans and budgets.
- Strengthen emergency financing and rapid release mechanisms.
- Improve expenditure tracking, auditability, and financial accountability during response.
- Mobilise catalytic financing and partner support to address strategic gaps.

4.2 Strategic Results Framework

The strategic results framework links the overarching goal and six KRAs to expected outcomes that can be monitored over the life of the plan. It is designed to support both strategic oversight and operational use by national and county implementers. The framework also provides the basis for annual work planning and for mid-term and end-of-plan reviews.

KRA	Expected Outcome	Illustrative Indicators
Governance and Multisector Coordination	Clearer institutional accountability and faster coordinated activation at the national and county level	% of counties with approved surge governance arrangements; time from trigger to activation decision

KRA	Expected Outcome	Illustrative Indicators
Surge Workforce Capacity	Expanded availability of trained and deployable surge personnel	Number of trained responders on validated rosters; % of counties conducting at least one drill annually
Emergency Operations and Logistics Systems	Reduced delays in deployment and improved readiness of operational support systems	Average time to deploy RRT; % of counties with minimum stock and transport arrangements
Information and Intelligence Systems	Improved situational awareness and more timely decision support	% of counties submitting SitReps on time during activation; completeness of the minimum data set
Risk Communication and Community Engagement	Improved public trust, rumour management, and community participation	% of activated incidents with daily RCCE products and feedback loop; social listening coverage
Sustainable Financing for Public Health Emergency Response	Faster and more accountable release and tracking of emergency financing	Average time to release emergency funds; % of expenditures reconciled within agreed timelines

4.3 Theory of Change

The Theory of Change for this Strategic Plan is that if Kenya strengthens surge governance, workforce readiness, emergency operations, logistics, information systems, communication systems, and financing arrangements, then national and county institutions will be able to activate and sustain more timely, coordinated, and effective emergency response. These improvements will reduce health losses, protect routine services, and limit broader social and economic disruption.

The Theory of Change assumes continued political commitment, county participation, partner alignment to government priorities, and routine maintenance of preparedness investments. It also assumes that learning from emergencies and exercises is converted into corrective action rather than being captured only in reports.

Theory of Change – Kenya Multisectoral Public Health Emergency Surge Strategic Plan

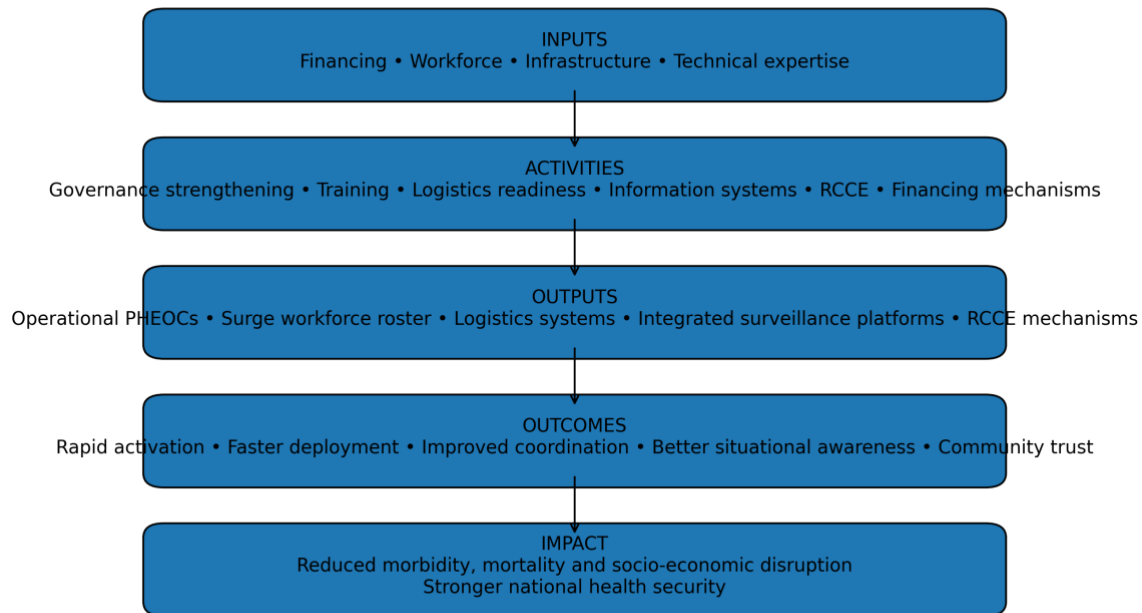


Figure 1. Theory of Change for the Kenya Multisectoral Public Health Emergency Surge Strategic Plan.

4.4 Results Chain

The results chain complements the Theory of Change by showing the progression from resources and activities to outputs, outcomes, and impact. It helps ensure the strategy remains results-oriented and that each major investment area is linked to an observable contribution to public health emergency performance.

Results Chain – Strategic Plan

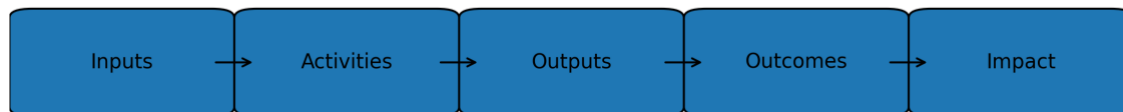


Figure 2. Results Chain for the Strategic Plan.

4.5 Linkage with National Development and Global Commitments

The Strategic Plan supports Kenya Vision 2030 by strengthening resilient social infrastructure, protecting population health, and contributing to a productive and secure economy. It also supports Universal Health Coverage objectives by helping maintain service continuity during emergencies and reducing the risk that shocks will reverse gains in health access.

At the international level, the strategy contributes to the implementation of the International Health Regulations (2005), to regional health security agendas, and to relevant Sustainable Development Goals, particularly SDG 3 on good health and wellbeing and SDG 13 on climate action. Its multisector orientation is also consistent with One Health and disaster risk management principles.

Chapter 5: Implementation and Coordination Framework

5.1 Introduction

This chapter sets out the institutional arrangements, coordination pathways, implementation phases, and partnership mechanisms required to implement the Strategic Plan over the period 2026–2031. It translates strategic priorities into a practical implementation architecture that guides annual planning, budgeting, and oversight.

5.2 Institutional Arrangements

The Ministry of Health will provide overall policy leadership, stewardship, and accountability for implementation of the Strategic Plan. KNPHI will provide technical leadership for public health emergency preparedness and response, including standards, training support, surveillance integration, and cross-county technical coordination. The National PHEOC will remain the principal operational coordination platform during public health emergencies and a preparedness focal point between events.

County governments will operationalise the strategy within their jurisdictions. This includes strengthening county PHEOCs or equivalent coordination structures, maintaining rosters, conducting drills, sustaining local logistics readiness, and integrating surge functions into county plans and budgets. County Directors of Health and County Health Management Teams will remain key accountability points for county implementation.

Sector agencies, such as veterinary services, wildlife, environment, agriculture, treasury, procurement, transport, security, and disaster management, will contribute in accordance with their defined roles and existing mandates. The strategy does not seek to duplicate these mandates; rather, it defines how they should interface during preparedness and surge activation.

5.3 National–County Coordination

Implementation of a national and county system requires clear coordination principles. The first is subsidiarity: counties retain operational leadership for events that can be managed within their jurisdictions. The second is escalation: when county capacity is exceeded or when multi-county coordination is required, national institutions must be able to reinforce and coordinate without creating duplication or ambiguity. The third is reciprocity: national support requires timely county reporting, and counties require predictable national support.

To operationalise these principles, the plan provides for standard activation pathways, common minimum data standards, routine planning and review forums, and performance indicators that apply at both levels. These arrangements should also support mutual learning, allowing stronger counties to mentor others through peer exchange and simulation.

5.4 Multisector Coordination Mechanisms

The strategy places strong emphasis on multisector coordination. During preparedness, this will be advanced through regular planning meetings, technical working groups, simulation exercises, joint reviews, and standard tasking instruments. During emergencies, the PHEOC structure will serve as the central coordination platform, with named liaisons or embedded representatives from relevant sectors, depending on the nature of the event.

Interfaces with NDOC, NDMA, veterinary services, environment, wildlife, agriculture, laboratory systems, and treasury/procurement authorities should be formalised through standard procedures or memoranda, as needed. Validators stressed that coordination should not depend solely on personal relationships or ad hoc phone calls. The strategy, therefore, prioritises institutionalised arrangements that remain functional despite staff turnover.

5.5 Partner Engagement and External Support

Development partners, academic institutions, professional bodies, and civil society organisations are important contributors to surge preparedness and response. Their roles may include technical assistance, surge training, simulation support, laboratory strengthening, logistics support, community engagement, social listening, research, and catalytic financing. However, partner contributions should align with government-led priorities and should strengthen—not fragment—national and county systems.

A structured partner engagement mechanism will therefore be maintained under the leadership of the Ministry of Health and KNPHI. Partners supporting surge preparedness should map support to the KRAs, use common indicators where possible, and participate in joint review and learning processes. In emergencies, partner tasking should be reflected in the IAP or equivalent coordination products.

5.6 Implementation Phases

The Strategic Plan will be implemented in three broad phases. Phase I (2026–2027) will focus on foundation-building, including clarifying governance, mapping baselines, developing standards, strengthening rosters, and establishing financing and monitoring mechanisms. Phase II (2028–2029) will focus on scale-up and quality improvement, including county expansion, simulation, targeted strengthening of equipment and logistics, and improvements to information and RCCE systems. Phase III (2030–2031) will focus on consolidation, sustainability, and preparation for the next strategic planning cycle.

These phases are not intended to be rigid. Some counties or functions may move faster than others, and implementation should reflect real capacity and risk. However, the phased structure provides a common planning rhythm and helps ensure that early years are not overloaded with unrealistic expectations.

5.7 Implementation Architecture

The implementation architecture below summarises the relationship between policy leadership, technical leadership, operational coordination, county implementation, and partner/community support. It is intended to be used as a reference model for accountability and communication.

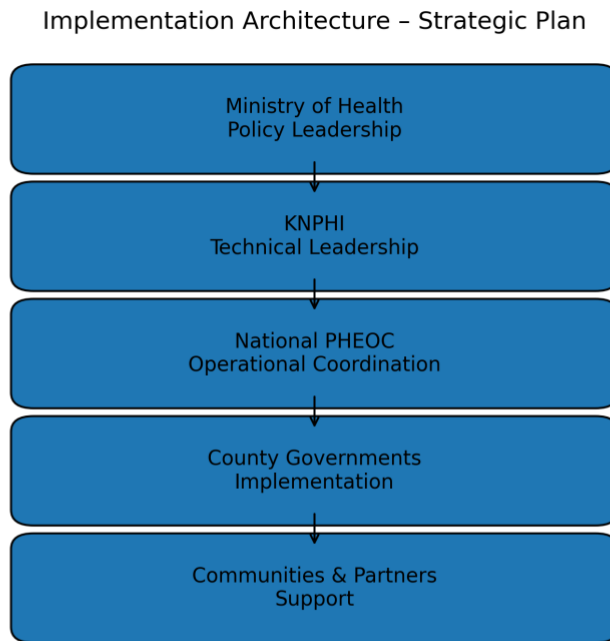


Figure 3. Implementation Architecture for the Strategic Plan.

5.8 Annual Planning and Review Cycle

Each implementation year should begin with an annual planning and budgeting process that maps priority activities to the six KRAs and to county and national responsibilities. Mid-year and end-of-year reviews should assess progress against indicators, identify implementation bottlenecks, and update risk and financing assumptions. Emergency events and exercises that occur during the year should serve as evidence for these reviews.

To support this cycle, the strategy recommends an annual national review led by the Ministry of Health and KNPHI, supplemented by county-level reviews and thematic technical sessions. These reviews should directly inform annual work plans and partner alignment discussions.

Chapter 6: Resource Requirements and Costing Strategy

6.1 Introduction

This chapter presents the indicative resource requirements for implementing the Strategic Plan and the approach used to estimate costs. The costing adopts a national-and-county system perspective, consistent with the fact that public health emergency response in Kenya depends on subnational implementation reinforced by national coordination and specialised support.

6.2 Costing Methods

Cost estimates were developed using an activity-based program budgeting approach aligned to the six KRAs. The costing distinguishes between: (a) national system costs, including policy stewardship, standards, national coordination, specialised training, national information systems, and central stock or support functions; and (b) county system costs, including county rosters, drills, local logistics readiness, emergency coordination, RCCE, and county-level preparedness actions.

The estimates are indicative and should be refined through detailed annual planning and public finance processes. They are intended to support strategy-level resource mobilisation and prioritisation rather than to substitute for procurement or line-item budgeting.

6.3 Indicative Budget by Key Result Area

The indicative total cost of the strategy is USD 305 million over five years. This estimate reflects the breadth of investments required to build and sustain a multisector national surge system across 47 counties. Emergency operations and logistics account for the largest share because they include transport, warehousing, stock readiness, and operational support functions that must be available at scale.

Key Result Area	Indicative Cost (USD millions)	Share of Total	Main Cost Drivers
Governance and Multisector Coordination	25.0	8%	National policy, county governance strengthening, multisector coordination forums, standards, and reviews
Surge Workforce Capacity	80.0	26%	Rosters, training, drills, field epidemiology support, safety and welfare, county surge team readiness
Emergency Operations and Logistics Systems	110.0	36%	PHEOC strengthening, transport, stockpiles, cold chain,

Key Result Area	Indicative Cost (USD millions)	Share of Total	Main Cost Drivers
			warehousing, emergency procurement support
Information and Intelligence Systems	40.0	13%	Minimum data set, dashboards, data integration, analytics, information governance, digital support
Risk Communication and Community Engagement	20.0	7%	RCCE planning, social listening, rumour tracking, content production, spokesperson and community engagement
Sustainable Financing for Emergency Response	30.0	10%	Emergency financing mechanisms, financial systems strengthening, auditability, and catalytic preparedness financing

6.4 National and County Cost Distribution

Approximately 40% of total costs are estimated at the national level and 60% at the county level. The county share is higher because routine readiness and first-line response are county functions. County investment includes local coordination, drill implementation, county response kits, transport arrangements, workforce maintenance, and community engagement. National investment includes standards, specialised support, national information systems, central coordination, and cross-county reinforcement arrangements.

Use of a national and county cost model is important for two reasons. First, it aligns the strategy to Kenya’s devolved governance context. Second, it makes clear that preparedness cannot be sustained solely through national support; counties must embed surge readiness into their own planning and budgeting cycles.

6.5 Annual Financing Projections

The financing profile anticipates higher investment in the first 3 years as systems are established, rosters and standards are strengthened, and logistics and information investments are scaled. In later years, focus shifts more to maintenance, simulation, quality improvement, and sustainability.

Implementation Year	Indicative Budget (USD millions)
2026	55
2027	60

Implementation Year	Indicative Budget (USD millions)
2028	65
2029	65
2030/31	60

6.6 Resource Mobilisation Strategy

The resource mobilisation strategy combines domestic financing, county budget integration, development partner support, and targeted use of catalytic health security financing mechanisms. Domestic financing should remain the primary source for core functions, including staffing, governance, and routine readiness. County governments should progressively integrate county surge preparedness into recurrent and development budgets. National institutions should advocate for dedicated or protected preparedness lines where appropriate.

Development partner support should prioritise addressing catalytic gaps, providing technical assistance, fostering innovation, conducting simulations, and building capacity rather than long-term substitution for core government obligations. Resource mobilisation discussions should be coordinated by the Ministry of Health and KNPHI and linked to the annual planning cycle.

6.7 Financial Accountability and Oversight

Rapid financing must remain compatible with strong financial management and auditability. The strategy, therefore, supports standard approval pathways, evidence packs for emergency expenditures, reconciliation timelines, and the integration of emergency spending into routine financial oversight. Public finance integrity is essential for preserving trust and for ensuring that rapid financing mechanisms remain politically and institutionally sustainable.

Chapter 7: Monitoring, Evaluation and Reporting Framework

7.1 Introduction

This chapter outlines the monitoring, evaluation, and reporting framework for the Strategic Plan. The framework is intended to support accountability, learning, and adaptive management over the life of the strategy. It tracks both preparedness investments and emergency performance indicators, recognising that a surge system must be assessed in routine periods as well as during real events.

7.2 Monitoring Framework

Monitoring will use a mix of routine preparedness indicators, event-based indicators, exercise findings, and implementation milestones. National and county institutions should report on these indicators through agreed templates and schedules. Preparedness indicators will track the presence and quality of key capacities, such as rosters, training, governance documents, stock levels, and financing mechanisms. Event-based indicators will assess activation speed, reporting timeliness, deployment speed, financing release, and corrective action follow-up during actual incidents.

Where possible, monitoring should build on existing systems rather than creating parallel reporting burdens. However, validators noted that surge indicators are not always visible in routine health reporting systems. The strategy, therefore, includes a dedicated surge indicator matrix in the annexes and recommends periodic review of its integration into broader health security and county performance processes.

7.3 Evaluation Approach

A mid-term review will be conducted in 2028 to assess implementation progress, validate assumptions, and identify strategic adjustments needed for the second half of the plan period. A final evaluation will be conducted at the end of the plan period to assess the achievement of outcomes, the institutionalisation of capacities, financing performance, and sustainability prospects.

Both reviews should draw on documentary evidence, county and national interviews, emergency and exercise evidence, and partner feedback. They should be action-oriented and linked to decision-making rather than treated as stand-alone compliance exercises.

7.4 Roles and Responsibilities

The Ministry of Health will provide oversight of implementation, monitoring, and strategic reporting to senior leadership. KNPHI will coordinate technical monitoring and data consolidation across KRAs. County governments will generate and submit county-level implementation and event data. Sector agencies and partners will, as required, contribute to

indicators spanning multiple institutions. The National PHEOC will remain a key source of evidence for event-based and exercise-based indicators.

Monitoring and evaluation should also include governance of corrective actions. After every exercise or significant activation, findings should be assigned to named owners with deadlines and tracked to closure. This link between evidence and corrective action is a core element of the strategy’s learning model.

7.5 Summary Performance Matrix

The table below summarises the top-line performance indicators for strategic monitoring. A more detailed indicator matrix is provided in Annex 5.

KRA	Indicator	Baseline	2031 Target	Reporting Frequency
Governance	Counties with approved governance and activation arrangements	20	47	Review annual
Workforce	Validated responders on national/county rosters	500	2,000	Quarterly
Operations	Average deployment time for field teams (hours)	72	24	Event-based
Information	Timely SitRep compliance during activation	60%	95%	Event-based
RCCE	Activated incidents with a functioning feedback loop	30%	100%	Event-based
Financing	Average time to release emergency funds	72 hours	24 hours	Event-based

7.6 Reporting Products

Key reporting products under the strategy will include quarterly implementation updates, annual strategic performance reports, event-specific performance reviews, mid-term and final evaluation reports, and periodic partner alignment updates. County annual reports should include progress on county-specific milestones and lessons from major emergencies or exercises. National reports should synthesise progress across counties and KRAs and identify implications for policy, financing, and technical support.

To minimise the reporting burden, templates should be standardised and, where possible, aligned with existing national and county review processes.

Chapter 8: Strategic Risk Analysis and Mitigation

Implementation of the Strategic Plan may be affected by a range of institutional, financial, technical, and contextual risks. Risk analysis is included not as an afterthought but as an implementation tool. Public health emergency preparedness is inherently vulnerable to shifts in political attention, fiscal pressure, staff movement, and competing crisis demands. A strategic plan that ignores those realities would not be credible.

The principal governance risk is fragmentation of accountability, especially when multiple institutions assume overlapping roles or when national and county expectations are misaligned. This risk will be mitigated through formal governance instruments, clear implementation arrangements, routine multisector forums, and annual review of roles and interfaces.

A second major risk is inadequate or delayed financing. Preparedness investments often compete with immediate service delivery pressures, and emergency financing mechanisms may not function as intended if they are not tested before a crisis. Mitigation will include integrating surge priorities into annual plans and budgets, advocating for protected lines where feasible, simulating financing processes, and improving expenditure tracking.

Human resource risk is also significant. Trained staff may transfer, leave service, or become unavailable during emergencies. The strategy, therefore, emphasises roster redundancy, periodic updates, institutional rather than individual memory, and continuous training models. Information risks, including poor data quality or delayed reporting, will be mitigated through standards, supportive supervision, interoperability efforts, and improved analytics use.

Finally, public trust and communication risk have become more significant in a digital information environment. If communities perceive official messages as delayed, inconsistent, or dismissive, surge operations may be undermined even where technical measures are sound. This risk will be mitigated through RCCE investment, social listening, local engagement, and regular communication drills.

Risk	Potential Effect	Mitigation Strategy
Governance fragmentation	Delayed or contested activation and duplication of effort	Clarify roles; standard tasking instruments; annual governance review
Insufficient financing	Delayed deployment, procurement, and field operations	Budget integration; rapid financing mechanisms; partner gap financing
Staff turnover and burnout	Reduced roster quality and weak continuity	Quarterly roster updates; welfare support; train-the-trainer models
Weak information systems	Poor situational awareness and delayed decisions	Minimum data standards; dashboard development; analytics support

Risk	Potential Effect	Mitigation Strategy
Misinformation and low trust	Reduced compliance and community resistance	Social listening; local engagement; spokesperson preparation
Supply chain disruption	Inadequate PPE, kits, transport, or cold chain	Stock management; vendor mapping; contingency transport and backup storage

Chapter 9: Sustainability Strategy

Sustainability is essential if the Strategic Plan is to deliver value beyond the lifespan of specific projects or emergency events. This chapter outlines the measures required to ensure that investments made during 2026–2031 continue to strengthen preparedness beyond the formal plan period. Sustainability in this context comprises four interdependent dimensions: institutional, financial, workforce, and community.

Institutional sustainability requires that surge preparedness be embedded within routine mandates, structures, and planning cycles. Preparedness must not depend solely on external partners or exceptional emergency moments. The strategy, therefore, emphasises policy anchoring, standard-setting, annual review, and the integration of surge priorities into county and national planning instruments.

Financial sustainability requires progressive integration of preparedness into domestic budgets and public finance systems. Although partner support will remain important, the long-term viability of surge capacity depends on predictable domestic financing for core functions such as staffing, basic training, drills, local coordination, and minimum logistics readiness.

Workforce sustainability requires more than one-off training. It depends on a managed pipeline of personnel, role clarity, institutional memory, supportive supervision, refresher training, and welfare measures that reduce burnout. Counties and national institutions should explore integrating surge competencies into existing professional development and training programs, including public health and field epidemiology training pathways.

Community sustainability is equally important. Public trust is built over time and cannot be improvised during a crisis. The strategy, therefore, supports sustained relationships with community leaders, community health structures, civil society, and local media. These relationships improve both preparedness and response and should be maintained outside emergency periods.

Sustainability principle: The strategy should leave counties and national institutions with stronger permanent systems, not only temporary emergency assets.

Annex 1: Theory of Change

The Theory of Change below summarises how investments under the six KRAs are expected to produce outputs, outcomes, and long-term impact. It should be used as a communication and planning aid rather than as a substitute for the detailed results matrix.

Impact (Long-term goal)

Reduced morbidity, mortality, and socio-economic disruption from public health emergencies in Kenya through a resilient and coordinated national surge response system.

Outcomes (Medium-term changes)

1. Rapid activation of multisector emergency response systems
2. Faster deployment of trained surge workforce to affected areas
3. Improved coordination between national and county response systems
4. Timely availability of operational logistics and emergency supplies
5. Improved situational awareness through integrated surveillance and information systems
6. Increased public trust and compliance through effective risk communication

Outputs (Systems created)

1. Operational national and county Public Health Emergency Operations Centres (PHEOCs)
2. A trained and deployable national surge workforce roster
3. Functional emergency logistics and stockpile systems
4. Integrated surveillance and emergency information management platforms
5. Operational risk communication and community engagement systems
6. Established rapid financing mechanisms for emergency response

Activities (What the strategy will do)

1. Strengthen governance and multisector coordination structures
2. Train and maintain a national and county surge workforce
3. Strengthen emergency logistics, procurement, and stockpile systems
4. Strengthen surveillance, data management, and information sharing platforms

5. Develop and operationalise national and county RCCE systems
6. Establish sustainable financing mechanisms for surge response

Inputs (Resources required)

- Government financing
- Development partner funding
- Technical expertise and training institutions
- Public health workforce and field epidemiologists
- Emergency operations infrastructure and technology
- Logistics systems and emergency supplies

Assumptions include sustained political commitment, partner alignment, county participation, timely financing, and systematic use of after-action learning.

Annex 2: Results Chain

The results chain below provides a simplified visual of how strategic resources and implementation processes are expected to generate measurable outputs and outcomes.

Results Chain

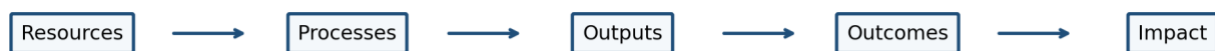


Figure A1. Results Chain.

Annex 3: Implementation Architecture

This figure summarises the institutional architecture supporting implementation of the Strategic Plan.

Implementation Architecture

Cabinet Secretary / MOH	KNPHI Technical Leads	National PHEOC & Sector Agencies	County Governments & PHEOCs	Partners and Communities
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Figure A3. Implementation Architecture.

Annex 4: Logical Framework Matrix

Level	Narrative Summary	Indicators	Means of Verification	Assumptions
Impact	Reduced morbidity, mortality, and socio-economic disruption from public health emergencies	Emergency mortality trends; continuity of essential services; emergency economic disruption indicators	MOH/KNPHI annual reports, event evaluations	Sustained national commitment and county implementation
Outcome 1	Improved multisector surge governance	Counties with approved governance and activation arrangements; annual multisector review completed	Governance reviews, county submissions	Institutions participate and update arrangements
Outcome 2	Expanded and ready surge workforce	Validated responders on rosters; counties conducting annual drills	Training and roster reports	Staff turnover is managed
Outcome 3	Improved emergency operations and logistics readiness	Time to deploy teams; stock availability; transport readiness	Event reports, supervision, logistics trackers	Suppliers and fleet remain functional
Outcome 4	Improved information and intelligence	Timely SitReps; completeness of MDS; dashboard use	PHEOC and county reports	Data standards adopted

Level	Narrative Summary	Indicators	Means of Verification	Assumptions
Outcome 5	Improved RCCE and public trust	Daily public updates, rumour management system use; feedback loop functioning	RCCE reports, community feedback	Trust maintained
Outcome 6	Faster and more accountable financing	Time to release funds; reconciliation timeliness	Finance reports, audit records	Public finance approvals support rapid release

Annex 5: Detailed Results and Indicator Matrix

KRA	Indicator	Data Source	Baseline	2031 Target	Responsible Institution
Governance	Approved county surge governance package	County annual review	20 counties	47 counties	County/MOH
Governance	Functional multisector coordination forum held at least twice yearly	Minutes and attendance records	Ad hoc	2 per year nationally and by county	MOH/County
Workforce	Validated responders on roster	Roster review	500	2,000	KNPHI/County
Workforce	Counties completing at least one surge drill annually	Exercise reports	18	47	County
Operations	Average field deployment time	Event or drill tracker	72h	24h	County/NPHEOC
Operations	Counties maintaining minimum emergency stock list	Supervision checklist	15	47	County
Information	SitRep timeliness during activation	PHEOC reports	60%	95%	County/NPHEOC

KRA	Indicator	Data Source	Baseline	2031 Target	Responsible Institution
Information	Counties using standard minimum data set	Monitoring checklist	10	47	KNPHI/County
RCCE	Incidents with social listening and rumour log	RCCE reports	Limited	100% of major activations	County/MOH
RCCE	Counties with an RCCE preparedness plan	Document review	12	47	County
Financing	Average time to release emergency funds	Finance records	72h	24h	MOH/County
Financing	Emergency expenditures reconciled within the agreed timeline	Audit/finance review	50%	95%	MOH/County

Annex 6: Detailed Costing Tables

Year	KRA	National (USD m)	County (USD m)	Total (USD m)
2026	Governance	4.5	3.5	8.0
2026	Workforce	8.0	7.0	15.0
2026	Operations/Logistics	11.0	9.0	20.0
2026	Information	4.0	3.0	7.0
2026	RCCE	2.0	1.5	3.5
2026	Financing systems	1.0	0.5	1.5
2027	Governance	4.0	3.0	7.0
2027	Workforce	9.0	8.0	17.0
2027	Operations/Logistics	12.0	10.0	22.0
2027	Information	4.5	3.5	8.0
2027	RCCE	2.0	2.0	4.0
2027	Financing systems	1.5	0.5	2.0
2028	Governance	3.5	2.5	6.0
2028	Workforce	10.0	8.0	18.0
2028	Operations/Logistics	13.0	11.0	24.0
2028	Information	5.0	4.0	9.0
2028	RCCE	2.5	2.0	4.5

Year	KRA	National (USD m)	County (USD m)	Total (USD m)
2028	Financing systems	1.5	1.0	2.5
2029	Governance	3.0	2.5	5.5
2029	Workforce	9.0	8.0	17.0
2029	Operations/Logistics	13.0	11.0	24.0
2029	Information	4.5	4.0	8.5
2029	RCCE	2.5	2.0	4.5
2029	Financing systems	1.5	1.0	2.5
2030/31	Governance	2.5	2.0	4.5
2030/31	Workforce	7.5	5.5	13.0
2030/31	Operations/Logistics	11.0	9.0	20.0
2030/31	Information	4.0	3.5	7.5
2030/31	RCCE	2.0	1.5	3.5
2030/31	Financing systems	1.0	1.0	2.0

These figures are indicative and should be refined through annual planning, Treasury ceilings, county budgeting processes, and partner alignment discussions.

Annex 7: Stakeholder Matrix

Stakeholder	Role	Implications for Implementation
Ministry of Health	Policy leadership, stewardship, strategic oversight, and intergovernmental coordination	Annual planning, governance reviews, budget advocacy, reporting
KNPHI	Technical leadership, standards, training support, and technical monitoring	Develop guidance, support counties, consolidate data, and conduct technical reviews
National PHEOC	Operational coordination, event support, and information consolidation	Activation support, SitRep consolidation, coordination with sectors and counties
County Governments	Frontline preparedness and operational response	Maintain rosters, drills, county financing, county PHEOCs, and

Stakeholder	Role	Implications for Implementation
		community engagement
NDOC/NDMA	Whole-of-government and climate/disaster coordination	Cross-sector support, early warning, coordination, link to wider emergency architecture
Veterinary/Wildlife/Agriculture/Environment	Specialised risk assessment and response input	One Health engagement, field investigation, and technical advice
Treasury and procurement authorities	Budgeting and financing pathways	Enable rapid financing and accountable emergency procurement
Development partners	Catalytic financing and technical support	Align to KRAs, joint review, targeted capacity support
Civil society and communities	Community feedback, trust building, local mobilisation	Participate in preparedness and response, strengthen local uptake

Annex 8: County Surge Capacity Model

The County Surge Capacity Model provides a practical template for county-level preparedness planning. It is not a rigid staffing norm but a minimum planning model that counties can adapt to local risk, geography, and institutional capacity.

Functional Area	Minimum Core Roles	Readiness Requirements
Coordination	County Director of Health, PHEOC focal person, Incident Manager, liaison roster	Activation decision pathway, operational period management, multisector liaison list
Operations	RRT lead, epidemiologist, clinician/public health	Team deployment, field investigation, supervision, service continuity support

Functional Area	Minimum Core Roles	Readiness Requirements
	officer, environmental health officer	
Planning & Information	Data officer, planning lead, documentation support	SitRep production, MDS management, dashboard and analytics support
Logistics	Logistics lead, transport focal person, stores focal person, cold chain support	Vehicle mobilisation, stock tracking, dispatch and receiving processes
Finance/Admin	Finance focal person, procurement focal person	Emergency approvals, expenditure tracking, evidence pack, reconciliation
RCCE	RCCE lead, spokesperson support, community mobilisation liaison	Risk messaging, rumour log, social listening, community engagement
Safety & Welfare	Safety focal person, psychosocial support linkage	Deployment brief, well-being checks, and incident reporting

Annex 9: Five-Year Implementation Roadmap

Year	Priority Milestones
2026	Finalise strategic plan endorsement; baseline mapping; establish governance package; update rosters; issue indicator matrix
2027	Scale county drills; strengthen logistics and stock standards; launch financing review; expand social listening
2028	Mid-term review; strengthen cross-county mutual aid; improve interoperability and dashboarding; refine costing assumptions
2029	Scale quality improvement and county peer learning; strengthen partner alignment to gaps; institutionalise refresher training
2030/31	Final evaluation; sustainability planning; transition to next strategic cycle; consolidate lessons and updated standards

Annex 10: Operational Tools and Templates

The strategic plan retains the value of the operational material developed in the earlier framework. These tools should be maintained as a companion package to the strategy and updated periodically to reflect lessons and changing institutional arrangements.

Recommended tools include: activation note template; notification tree and escalation matrix; one-page IAP template; SitRep template; minimum data set field dictionary; roster template; rapid micro-financing forms; logistics tracker; partner task note; after-action review template; and county hazard annex format.

Because these instruments change more frequently than strategic priorities, they are best maintained as living annexes or implementation tools rather than as fixed text in the body of the strategy. Counties should adapt the tools while preserving minimum national standards for data, accountability, and coordination.

Tool	Purpose
Activation note	Records authorising official, incident, operational period, initial objectives, and sectors notified
Notification tree	Lists primary and alternate contacts and escalation rules
IAP template	Captures objectives, tasks, owners, resources, and safety considerations
SitRep template	Provides a common format for operational updates and decision support
Roster template	Standardises personnel readiness information and alternates
Rapid financing forms	Support approval, disbursement, and reconciliation of emergency expenditures
Logistics tracker	Tracks requests, approvals, dispatches, receipts, and balances
AAR template	Captures findings, corrective actions, owners, and deadlines

Annex 11: Detailed KRA Implementation Matrices

This annex translates each Key Result Area into a more detailed implementation matrix. The matrices are intended to support annual planning, budgeting, partner alignment, and review. They are illustrative and should be refined by the Ministry of Health, KNPHI, counties, and other implementing institutions during annual operational planning.

KRA	Strategic Objective	Priority Output	Illustrative Activities	Lead / Supporting Institutions	Timing
Governance	Clarify accountability and activation authority	Approved governance package at the national and county level	Review and issue policy guidance; validate roles; establish annual review forum; update escalation pathways	MOH, KNPHI, counties, NDOC, NDMA	2026–2027 then annual review
Governance	Institutionalise multisector coordination	Regular multisector coordination mechanism functioning	Convene quarterly preparedness forum; agree tasking templates; review cross-sector MoUs; conduct simulation of joint activation	MOH, KNPHI, sector agencies	2026–2031
Governance	Strengthen stewardship and compliance	Routine reporting and governance scorecards	Publish annual governance scorecard; integrate findings into planning cycle; follow up on corrective actions	MOH, KNPHI	Annual
Workforce	Expand deployable responder pool	Validated national and county rosters	Map current personnel; define minimum roster composition; validate alternates; update quarterly	KNPHI, counties	2026 then quarterly

KRA	Strategic Objective	Priority Output	Illustrative Activities	Lead Supporting Institutions /	Timing
Workforce	Improve competencies and performance	Training and drill package implemented	Develop a modular curriculum; run annual drills; link learning to performance improvement plans	KNPHI, training institutions, counties	2026–2031
Workforce	Protect responder welfare	Safety and welfare package operational	Issue welfare guidance; include psychosocial support; monitor fatigue and duty cycles; provide safety briefs	MOH, counties, partners	2026–2031
Operations	Improve PHEOC readiness	National and county PHEOC readiness standards met	Assess PHEOCs; improve staffing and equipment; test activation pathways; ensure continuity arrangements	MOH, KNPHI, counties	2026–2028
Operations	Strengthen logistics readiness	Stock, transport, and dispatch systems are functional	Define minimum stock lists; establish transport callout standards; maintain vendor lists; test cold chain backup	Counties, KNPHI, MOH	2026–2031
Operations	Improve sustained response capability	Cross-county surge support arrangements working	Develop a mutual aid mechanism; pre-identify support teams; establish a task order process	MOH, KNPHI, counties	2027–2031
Information	Standardise data and reporting	Minimum data set and reporting package adopted	Issue MDS; align templates; train users; monitor completeness and timeliness	KNPHI, counties	2026–2027

KRA	Strategic Objective	Priority Output	Illustrative Activities	Lead Supporting Institutions /	Timing
Information	Improve risk analysis and situational awareness	Dashboards and decision products used routinely	Develop dashboards; strengthen analytics; institutionalize operational reviews	KNPHI, NPHEOC, counties	2026–2031
Information	Protect data and strengthen interoperability	Data governance and sharing protocols implemented	Develop data sharing rules; align confidentiality procedures; improve interoperability roadmap	MOH, KNPHI, ICT units	2026–2029
RCCE	Strengthen coordination and planning	Preparedness RCCE plans available	Define roles; prepare county RCCE plans; identify spokespersons; pre-position key message tools	MOH, counties	2026–2028
RCCE	Institutionalise social listening	Rumor management and feedback systems active	Develop rumor log standards; monitor digital and community feedback; escalate priority issues	MOH, counties, civil society	2026–2031
RCCE	Expand local engagement	Community partnership model functioning	Engage local leaders, CHWs, faith-based networks, and schools; test local communication channels	Counties, MOH	2027–2031
Financing	Establish rapid financing mechanisms	Emergency financing pathway approved	Define triggers, approvals, ceilings, evidence pack, and	MOH, Treasury, counties	2026–2027

KRA	Strategic Objective	Priority Output	Illustrative Activities	Lead Supporting Institutions /	Timing
			reconciliation standards		
Financing	Integrate preparedness in plans and budgets	Preparedness reflected in annual plans	Use strategy to guide budgeting; cost county priorities; track execution	MOH, counties	Annual
Financing	Improve financial accountability	Preparedness and emergency spending were tracked and reviewed	Produce an annual expenditure review; strengthen audit trail; test finance processes through exercises	MOH, counties, Treasury	2026–2031

Governance and coordination require recurrent leadership attention because even well-designed emergency systems tend to fragment when roles, rules, and review processes are not maintained.

Workforce investments should prioritise both depth and redundancy. Counties need alternates, refresher training, and practical drills so that capacity survives turnover and can be sustained during prolonged events.

Operational and logistics systems must be treated as readiness systems. They should be monitored, tested, and replenished before emergencies so that activation does not depend on ad hoc procurement or partner improvisation.

Information and intelligence functions should connect surveillance, operations, and public communication. A strong data system is not valuable unless it informs timely decisions and credible public messaging.

RCCE should remain embedded in preparedness work throughout the year. Trust cannot be built only once an emergency has started.

Financing systems should be fast, auditable, and routinely tested. Simulation of financing processes is as important as simulation of epidemiological response.

Annex 12: Expanded County Typology and Minimum Standards

The county context within Kenya is diverse. Counties differ in geography, hazard exposure, transport networks, urban density, pastoral and wildlife interfaces, laboratory access, and fiscal capacity. A single county implementation model is therefore insufficient on its own. This annex proposes a county typology and associated minimum standards that can guide risk-sensitive planning while preserving a national core standard for surge readiness.

The proposed typology is not meant to classify counties rigidly for all time. Counties may fit more than one category and should adapt the model to the local context. The main purpose is to help planners differentiate investment needs and to ensure that minimum standards are realistic and risk-informed.

County Typology	Typical Characteristics	Planning Implications
Urban/metropolitan counties	High population density, informal settlements, rapid social amplification, complex referral pathways	Mass communication, facility surge planning, digital rumour management, inter-facility coordination
Arid and semi-arid counties	Long travel times, drought exposure, dispersed populations, and pastoral mobility	Transport planning, early warning integration, mobile teams, water and nutrition linkage
Lake/riverine and flood-prone counties	Seasonal flooding, water-borne disease risk, and displacement pressure	Forecast-based readiness, pre-positioned stock, WASH and community outreach
Border and transit counties	Cross-border mobility and trade, importation risk, and language diversity	Cross-border coordination, PoE linkage, multilingual RCCE, surveillance intensification
High wildlife/livestock interface counties	Zoonotic risk, wildlife-livestock-human interaction	One Health coordination, veterinary liaison, field biosafety and sample transport
Industrial and trade hub counties	Chemical and food safety risks, high logistics throughput	Hazard mapping, chemical event preparedness, laboratory and inspection surge capacity

Minimum standards should apply to all counties, regardless of typology. These standards are intended to ensure a functional baseline of readiness, while county-specific risk profiles inform additional investments.

Minimum Standard Domain	Required Minimum
Governance	Named county activating authority, alternate authority, and annual review of the contact tree
Coordination	County PHEOC or equivalent coordination arrangement with defined operational process
Workforce	Validated roster for incident management, operations, planning, logistics, finance, RCCE, and liaison roles
Training	At least one county surge drill or equivalent practical exercise per year
Logistics	Minimum emergency stock list, transport callout standard, vendor or mutual aid arrangements
Information	Use of standard MDS and SitRep template; designated county data focal person
RCCE	County RCCE plan with local channels, spokespersons, and a rumour tracking process
Financing	Defined county financing pathway for activation and emergency expenditure tracking

Counties with lower fiscal or technical capacity should not be expected to replicate all advanced readiness functions immediately. Instead, the national strategy should support a phased pathway from minimum readiness to enhanced capability. Peer exchange, targeted technical support, and incremental financing are all appropriate mechanisms for this progression.

County typology can also support partner alignment. Partners often work in specific geographies and may support risk-relevant investments more effectively when a shared typology exists. However, such support should remain aligned to national standards and should not create parallel county systems.

Annex 13: Expanded Costing Assumptions and Expenditure Categories

The indicative costing presented in Chapter 6 was generated using a strategic costing approach rather than a procurement plan. The assumptions below are provided to support interpretation, refinement, and annual budgeting.

The strategy assumes phased implementation, with early investment in governance, standards, baseline assessments, roster strengthening, and systems development, followed by greater investment in simulation, logistics optimisation, county-scale-up, and sustainability.

National cost estimates include technical assistance, standards development, national dashboards, specialised training, high-level reviews, and support for central coordination. County cost estimates include staffing time for preparedness, county drills, logistics readiness, local stock, transport preparedness, and RCCE implementation.

Cost Category	Main Assumptions
Personnel and training	Includes curriculum development, facilitation, per diem where applicable, materials, and drill costs; excludes routine salaries unless explicitly budgeted
Logistics and stock	Includes minimum response kits, replenishment, warehousing support, temperature control contingencies, and transport readiness inputs
Information systems	Includes dashboard development, connectivity improvements where required, analytics support, and template/tool standardisation
RCCE	Includes planning, local content adaptation, social listening setup, local engagement sessions, and communication materials
Financing systems	Includes design of approval pathways, training on financial procedures, and periodic review/audit support
Reviews and evaluation	Includes baseline mapping, annual review meetings, mid-term review, and final evaluation

Illustrative Expenditure Group	Examples of Included Items
National governance and standards	Policy guidance, reviews, multisector forums, legal and governance documentation
National technical support	Training packages, specialised surge support, dashboard development, and technical supervision
County readiness	County drills, roster maintenance, local planning and review, local RCCE and community engagement
Operational readiness	Stock lists, warehousing support, transport readiness, cold chain and dispatch systems

Illustrative Expenditure Group	Examples of Included Items
Monitoring and learning	AAR follow-up, indicator tracking, supervision, and quality improvement cycles

The costing should be revised annually using actual expenditure data, updated implementation assumptions, and county planning inputs. This will allow the strategy to remain realistic and will make it easier to advocate for both national and county budget allocations.

Refining the costing should also distinguish between one-time system investments and recurring maintenance costs. Sustainability planning requires that recurrent obligations be visible and planned for early in the implementation process.

Annex 14: Monitoring, Evaluation, and Learning Tools

This annex provides additional detail on the strategy's monitoring, evaluation, and learning approach. It expands the main indicator matrix by identifying supporting tools, review products, and the role of learning processes, such as after-action reviews.

The core MEL principle is that preparedness must be monitored through routine evidence, tested through simulation and real events, and improved through structured corrective action. Monitoring alone is insufficient unless findings are linked to decisions and follow-up.

MEL Product	Purpose	Timing	Lead
Quarterly implementation update	Tracks activity progress, governance actions, and county milestones	Quarterly	MOH/KNPHI/Counties
Annual strategic performance report	Summarises progress against KRAs and indicators	Annually	MOH/KNPHI
County preparedness review	Assesses county minimum standards and corrective actions	Annually	County governments
Exercise evaluation report	Documents performance, evidence, and recommended corrective actions	After each exercise	Lead organising institution
After-action review summary	Captures findings from real incidents and closure of actions	After major activation	County/NPHEOC
Mid-term review	Assesses relevance, progress, risks, and need for strategic adjustment	2028	External/internal review team
Final evaluation	Assesses achievement of outcomes and sustainability	2031	External/internal review team

Learning Review Question	Purpose
What were we trying to achieve?	Clarifies intended objectives and assumptions for the period or event
What happened?	Documents actual actions, performance, and contextual factors
What worked and why?	Identifies enabling factors worth institutionalising
What did not work and why?	Identifies bottlenecks, risks, and design weaknesses
What will be changed?	Converts findings into corrective actions with owners and deadlines

Counties and national institutions should maintain a corrective action tracker linked to annual review and budgeting. Actions that require policy or financing changes should be escalated appropriately and not left as mere local technical issues.

Where feasible, independent observers or peer reviewers should be included in selected exercises and reviews to strengthen objectivity and cross-learning.

Annex 15: Sample Operational Templates

The templates below are simplified examples intended to support standardisation. They should be adapted into editable tools or SOP annexes for day-to-day use.

Template	Minimum Fields
Activation note	Incident; date/time; authorizing official; activation level; operational period; objectives; sectors notified; immediate actions
Roster sheet	Name; role; home institution; phone; alternate phone; last training date; availability status
Deployment list	Team members; location; task; dispatch time; return time; supervisor; cost code
Finance approval note	Incident; approved amount; purpose; recipient/vendor; authorizing signatures; date
Rumour and feedback log	Date; issue reported; source; assessed risk; action taken; closure status
AAR tracker	Issue; corrective action; owner; due date; status; evidence of closure

Sample Activation Text: Upon meeting the agreed triggers, the authorised county or national official activates the relevant emergency coordination arrangement for the named incident and operational period. Activation remains in force until formally revised or deactivated.

Sample SitRep Headings: Incident name; operational period; highlights; epidemiology; laboratory; field operations; logistics; RCCE; issues requiring decision; next steps.

Sample Finance Guardrails: Use named deployment list; verify against approved ceiling; document disbursement; reconcile within agreed timeline; retain evidence pack for audit.

Sample Social Listening Workflow: Collect community and digital signals; classify issues by risk and trend; escalate priority rumours; adapt messaging; document closure.

Supplementary Narrative 1: Governance Transition Considerations

Successful implementation of the strategy will depend on deliberate transition management. Some capacities already exist in counties and national institutions, while others will need to be built incrementally. The objective should not be to replace workable local practice but to harmonise it around a common strategic framework and minimum standards.

Change management should include communicating with leadership, clarifying what the strategy changes and what it preserves, and developing a practical plan to update associated SOPs and tools. This is particularly important where counties have existing emergency practices that differ in form but not in purpose from the standards proposed here.

Quality standards should be applied in a supportive manner. Counties and national units should use them to identify priorities, mobilise support, and track progress rather than to create punitive compliance dynamics that discourage honest reporting of gaps.

Supplementary Narrative 2: Workforce Development Pathway

Successful implementation of the strategy will depend on deliberate transition management. Some capacities already exist in counties and national institutions, while others will need to be built incrementally. The objective should not be to replace workable local practice but to harmonise it around a common strategic framework and minimum standards.

Change management should include communicating with leadership, clarifying what the strategy changes and what it preserves, and developing a practical plan to update associated SOPs and tools. This is particularly important where counties have existing emergency practices that differ in form but not in purpose from the standards proposed here.

Quality standards should be applied in a supportive manner. Counties and national units should use them to identify priorities, mobilise support, and track progress rather than to create punitive compliance dynamics that discourage honest reporting of gaps.

Supplementary Narrative 3: Operational Readiness Quality Standards

Successful implementation of the strategy will depend on deliberate transition management. Some capacities already exist in counties and national institutions, while others will need to be built incrementally. The objective should not be to replace workable local practice but to harmonise it around a common strategic framework and minimum standards.

Change management should include communicating with leadership, clarifying what the strategy changes and what it preserves, and developing a practical plan to update associated SOPs and tools. This is particularly important where counties have existing emergency practices that differ in form but not in purpose from the standards proposed here.

Quality standards should be applied in a supportive manner. Counties and national units should use them to identify priorities, mobilise support, and track progress rather than to create punitive compliance dynamics that discourage honest reporting of gaps.

Annex 16: County Self-Assessment Checklist for Minimum Surge Readiness

This checklist is intended for annual county self-assessment and supportive supervision. It is designed to help counties identify practical readiness gaps and prioritise action in line with the Strategic Plan.

Self-assessment should be conducted by the county health leadership team with participation from finance, logistics, information management, RCCE, and relevant sector liaisons. Findings should feed into county annual plans and be shared with national coordination mechanisms for technical follow-up.

Domain	Assessment Item	Status	Verification Guidance
Governance	County activating authority and alternates formally designated	Yes/Partly/No	Review appointment letters and operational instructions
Governance	County contact tree updated within the last 3 months	Yes/Partly/No	Verify date and alternates
Coordination	County PHEOC or equivalent operational process documented	Yes/Partly/No	Review SOP and roles
Coordination	Multisector liaison list available for key hazards	Yes/Partly/No	Check sectors and contacts
Workforce	Roster covers incident management, operations, planning, logistics, finance, RCCE	Yes/Partly/No	Check completeness and alternates
Workforce	At least one drill or simulation conducted in the last 12 months	Yes/Partly/No	Review exercise evidence
Operations	Transport callout standard documented and tested	Yes/Partly/No	Review vehicle/fleet process
Logistics	Minimum emergency stock list exists and is updated	Yes/Partly/No	Check stock register and owner
Information	County uses standard MDS and SitRep template	Yes/Partly/No	Review recent example
RCCE	County RCCE plan and rumour tracking process in place	Yes/Partly/No	Review plan and log
Financing	Emergency financing pathway defined and known to finance focal persons	Yes/Partly/No	Review approval route
Learning	Corrective action tracker maintained after exercises or events	Yes/Partly/No	Review tracker

Counties should not use the checklist only as a compliance tool. It is more useful when paired with a short action plan, clear responsibilities, and deadlines for closing major gaps.

National review teams should aggregate checklist findings periodically to identify common issues requiring policy, financing, or technical support at the national level.

Annex 17: Emergency Financing and Procurement Workflow Narrative

This annex expands the financing strategy by describing the workflow that should connect activation, approval, disbursement, procurement, reconciliation, and review. The purpose is to ensure that financial processes support speed without compromising accountability.

The financing workflow should begin with a documented trigger or activation decision and should link directly to a named operational need, whether for deployment, transport, supplies, communication, or contracted support. Every disbursement or procurement decision should be traceable to an approved operational requirement.

Workflow Stage	Key Requirement	Primary Accountable Role
Trigger and request	Activation decision or approved preparedness action creates a legitimate need for spending	Authorised official, incident or preparedness lead
Approval	Relevant finance authority confirms the approved purpose, amount, ceiling, and code	Finance authority/accounting officer
Disbursement or procurement	Funds released or vendor action initiated according to the approved pathway	Finance, procurement, logistics
Evidence capture	Supporting documentation retained, including deployment list, approvals, invoices, or receipts	Finance focal person
Reconciliation	Advances retired and expenditures checked within the agreed timeline	Finance focal person/supervisor
Review and reporting	Expenditure summarised and lessons identified for improvement	Finance lead, MOH/county reviewers

In counties where rapid financing is weak, simulation of approval and disbursement processes should be included in exercises. Finance and procurement systems must be practised in the same way as field epidemiology or logistics, because operational delays are often financial rather than technical.

Procurement pathways should also be risk-informed. Counties and national institutions should identify common emergency items and likely vendors in advance, maintain framework arrangements where lawful and feasible, and clarify the documentation package required under emergency conditions.

Financial accountability should remain integrated with routine oversight. Emergency financing should not become a parallel system detached from standard public finance controls; rather, it should be a fit-for-purpose acceleration pathway within those controls.

Annex 18: RCCE and Information Governance Standards

This annex brings together the major standards that should guide risk communication, community engagement, and information governance under the strategy. The objective is to ensure that surge communication is timely, trusted, inclusive, and consistent with data protection requirements.

RCCE and information governance must be linked in practice. Public messages should be informed by current operational information and community feedback, while the release of information should respect confidentiality, legal requirements, and institutional clearance procedures.

Standard	Description
Timeliness	At least one public update should be issued per operational period for significant activations unless otherwise justified
Clarity	Messages should state what is known, what is not yet known, and what the public should do
Audience adaptation	Messages should be adapted to language, accessibility, and local context
Feedback loop	Counties should maintain a rumour and feedback process that informs operational decisions
Confidentiality	Personally identifiable information should not be released in public products
Consistency	Public products should align with agreed incident objectives and approved data
Coordination	RCCE, surveillance, logistics, and leadership should review major messages together during activation

Social listening should combine digital monitoring with structured feedback from community channels, including community health structures, local leaders, facilities, and civil society organisations. Counties should avoid relying solely on social media signals, as these may not reflect all affected populations.

Information governance standards should define who approves the release of operational data, how frequently situation products are issued, and how data are shared between national and county levels. These standards should be practical and easy to use during fast-moving incidents.

RCCE performance should be reviewed after major activations and exercises, with attention to message timeliness, consistency, audience reach, rumour closure, and the extent to which community concerns influenced operations.

Annex 19: Hazard-Specific Planning Considerations

This annex provides brief strategic planning notes for major hazard groups likely to trigger a public health emergency surge in Kenya. It does not replace hazard-specific contingency plans, but it can help national and county teams think through preparedness implications and planning assumptions.

Counties and national programs should adapt these considerations according to local risk profiles, service delivery realities, and relationships with other sectors.

Hazard Group	Strategic Planning Considerations
Acute infectious disease outbreak	Rapid epidemiological investigation, case management support, laboratory linkage, risk communication, continuity of essential services
Flood-related public health emergency	Forecast-informed readiness, displacement support, WASH coordination, disease surveillance intensification, transport contingency planning
Drought and nutrition-related emergency	NDMA linkage, nutrition surveillance, mobile outreach planning, livestock movement monitoring, RCCE for affected communities
Zoonotic event	One Health coordination, veterinary and wildlife liaison, biosafety, sample transport, joint field investigation
Chemical or toxic exposure	Fast risk assessment, laboratory/chemist linkage, public warning and protection messaging, referral preparedness, and environmental coordination
Food safety event	Inspection and tracing support, laboratory testing, coordinated public information, supply chain communication, multisector investigation
Mass gathering or mass casualty public health risk	Pre-event planning, incident command readiness, facility surge arrangements, transport and referral coordination, public information
Complex emergency with service disruption	Coordination with security and humanitarian actors, essential service continuity, vulnerable population focus, data and access management

These planning notes underscore that different emergencies place different demands on the surge system. However, they all depend on the same core building blocks described in the strategy: governance, workforce, logistics, information, communication, and financing.

National and county planners should periodically review whether the hazard profile used in preparedness planning continues to reflect current realities, especially as climate conditions, trade patterns, urbanisation, and population movements change.

Annex 20: Sample County Annual Surge Implementation Schedule

The sample schedule below illustrates how counties can distribute implementation of surge priorities across a planning year. It is intended as a planning aid and can be adapted to local budgeting, supervision, and hazard calendars.

Counties should align this schedule with seasonal risk patterns, county integrated development plans, budget calendars, and local exercise opportunities.

Quarter	Illustrative County Activities
Quarter 1	Update governance package and contact tree; review county risk profile; validate roster; confirm finance and transport, focal persons
Quarter 2	Conduct stock review; test information templates; update RCCE channels; run tabletop or orientation session
Quarter 3	Conduct functional or field drill; review lessons; update corrective action tracker; revise local annexes
Quarter 4	Annual self-assessment using county checklist; submit summary to national review; cost priorities for next year

A practical annual cycle helps counties treat preparedness as routine management work rather than an exceptional activity. Counties with recurrent seasonal hazards may wish to shift the timing of key activities so that major readiness checks occur immediately before high-risk periods.

The annual schedule should also include local engagement with community structures, facilities, and partner organisations so that expectations are clear before emergencies occur.

Annex 21: Review Questions for Annual Strategic Performance Dialogue

The annual strategic performance dialogue should go beyond reporting and be used to test whether the strategy's assumptions remain valid, whether implementation is sufficiently equitable across counties, and whether financing and governance arrangements are delivering the intended effects.

The questions below are proposed as a structured guide for annual national and county review meetings. They may also be adapted for partner review sessions and mid-term evaluation preparation.

Review Domain	Illustrative Annual Review Question
Relevance	Do the six KRAs still reflect the most important barriers to surge readiness and response in the country and in each county?
Coverage	Which counties or sectors remain least prepared, and what are the practical reasons for the gap?
Governance	Have roles and escalation pathways worked as intended during real events and exercises? If not, what needs revision?
Workforce	Are rosters credible, sufficiently redundant, and connected to regular competency development?
Operations	Are logistics, transport, and stock management arrangements reducing delays in practice?
Information	Are data products timely enough for decision-making, and are national-county information flows functioning?
RCCE	Is community feedback influencing operational decisions, and is rumour management improving trust?
Financing	Are emergency financing pathways fast enough and sufficiently auditable?
Sustainability	Which core capacities are now domestically sustained and which remain highly dependent on partner support?
Learning	Which corrective actions from past emergencies or drills remain open, and why?

Using common review questions promotes comparability over time and supports a more action-oriented dialogue between national and county institutions. It also helps avoid overemphasis on activity counting and shifts attention to strategic performance and institutional learning.

Review outputs should include a short decision note identifying the policy, technical, and financing actions to be taken in the following year.

Annex 22: Priority Actions for the First 180 Days

The first 6 months of implementation are critical because they establish the governance and operational disciplines that shape the rest of the strategy period. This annex proposes a practical 180-day action plan to help national and county institutions move quickly from endorsing the Strategic Plan to visible implementation.

The priority actions are intentionally limited to foundational steps that can unlock wider implementation across the six KRAs. They should be tailored through national and county work planning immediately after the plan is approved.

Implementation Window	Priority Actions
Days 1–30	Issue endorsement and communication package; designate implementation leads; circulate common strategic plan summary to counties and sectors
Days 31–60	Complete baseline mapping template; confirm county focal persons; validate top-line indicator baselines; initiate governance package review
Days 61–90	Update rosters; review county contact trees; identify minimum stock gaps; confirm county finance and logistics focal persons
Days 91–120	Test activation and reporting process through tabletop or simulation; confirm RCCE channels and spokespersons; initiate dashboard or data standard review
Days 121–150	Prepare county and national corrective action plans based on findings; refine annual budgets and partner requests
Days 151–180	Convene implementation review; finalise year-1 workplan and financing priorities; issue implementation progress note

Quick wins in the first 180 days help demonstrate that the strategy is actionable. They also reduce the risk that the plan remains a reference document without traction for implementation.

National leadership should closely track completion of these actions, because early slippage often predicts later delays in financing, county-scale-up, and monitoring.

Annex 23: Document Maintenance and Revision Protocol

The Strategic Plan should be treated as a living reference document during the period 2026–2031. While the core strategic direction should remain stable, selected annexes, tools, and indicator definitions may require periodic revision to reflect new evidence, institutional changes, or lessons from implementation.

A simple maintenance protocol is recommended. The Ministry of Health and KNPHI should maintain a controlled master copy of the strategy, keep a record of approved updates to annexes and tools, and communicate significant revisions to counties, partners, and other implementing institutions through routine review channels.

Changes that affect the overall goal, KRAs, the financing architecture, or major institutional roles should be considered strategic revisions and reviewed through formal governance processes. Changes to templates, contact lists, or operational details may be managed through controlled annex updates.

Clear document maintenance procedures help preserve consistency across counties and partners and reduce the risk that outdated tools continue circulating after strategic or operational changes have been agreed.