AHF KENYA

Aninas Community Networks for Development (ACND)

AICS
AFRICAN INSTITUTE FOR CHILDREN STUDIES

Boda Boda Association Of Kenya BAK

BLAST

CADAMIC

KELIN
Reclaiming Rights, Rebuilding Lives

CIAG-KENYA
Community Initiative Action Group

CEDGG
CENTRE FOR ENHANCING DEMOCRACY & GOOD GOVERNANCE
P.O. Box 15801-20100 Nakuru. Tel: 0720 880 185
E-mail: info@cedgg.org Website:www.cedgg.org
Off Kanu Street,Opposite Hotel Citymax, Freehold Estate

COFAS
Sustainable Development

COPFAM

CREAW
CENTRE FOR RIGHTS EDUCATION AND AWARENESS
Changing You, Transforming All!

CRE-CO

CONSTITUTION AND REFORM EDUCATION CONSORTIUM - CRECO
hill off Matumbato Road, Next to International Guest House, Hou
1 Nairobi CITY SQUARE 00200 Tel : 020 2714762 / 63 / 3590735 / (

Dandora Community AIDS support Association (DACASA)

EMAC
EMPOWERING MARGINALIZED COMMUNITIES

FEDERATION OF WOMEN LAWYERS
HAKI ZA AKINA MAMA
FIDA KENYA

FOUNTAIN OF HOPE CENTRE
CBO

HAPPY LIFE FOR DEVELOPMENT
Deeds not Words
COMMUNITY BASED ORGANIZATION

HERAF
Health Rights Advocacy Forum

HENNET
Health NGO's Network

ICS SP
Strengthening families Protecting children

icj
International Commission of Jurists
KENYAN SECTION | Since 1959

ICW Global
International Community of Women Living With HIV/AIDS

ICW - KENYA CHAPTER

Institute of Economic Affairs

KATIBA Institute

KDI

KELIWO WIDOWS' GROUP

KESWA

Kenya Red Cross

KONDELE COMMUNITY SOCIAL JUSTICE CENTRE

KUCO
Kenya Union of Clinical Officers

Lean on me

NAYGO
MEN AGAINST AIDS YOUTH GROUP

Next Generation of Kenya Lawyers Project

National Nurses Association Of Kenya
NNA - Kenya
Voice for the nursing profession

MildmayKENYA
improvinghealthsystems impactinglives

mumbo International

Komesha Kifua Kikuu
MAISHA NELSON MANDELA TB HIV INFORMATION COMMUNITY-BASED ORGANIZATION

NEPHAK say yes to life

Nyakach Elders' Group

Pamoja TB Group

Health for All Now!
People's Health Movement Kenya

PEMA KENYA

Rising To Greatness

SHAPE Kenya

SORK
Society Of Radiography In Kenya

Teenseed
nurturing seeds of greatness

TICAH
Trust for Indigenous Culture and Health

TISF
The Institute for Social Accountability

TRANSPARENCY INTERNATIONAL KENYA

WACHA HEALTH
Certainty to Health

WIRE
Women in Real Estate

WOYDEP
WOTE YOUTH AND DEVELOPMENT PROJECTS

women's LINK worldwide

Your REF: **Our REF: C/KELIN/2020** Date: 28/03/2020

To
Hon. Mutahi Kagwe,
Cabinet Secretary for Health,
Chairperson, National Emergency Response Committee on Coronavirus
ps@health.go.ke

Hon. Simon K. Chelugui,
Cabinet Secretary for Labour, Social Security and Services,
ps@labour.go.ke, info@labour.go.ke, ps@socialprotection.go.ke

Dr. Fred Okengo Matiang'I,
Cabinet Secretary for Interior & Coordination of National Government,
ps@interior.go.ke

Hon David Maraga,
Chief Justice and President of the Supreme Court of Kenya,
chiefjustice@judiciary.go.ke

Hon. Wycliffe Ambetsa Oparanya,
Chairperson, Council of Governors,
info@cog.go.ke
governor@kakamega.go.ke

Mr. Hilary Nzioki Mutyambai,
Inspector General, National Police Service,
nps@nationalpolice.go.ke

Siddharth Chatterjee,
UN Resident Coordinator in Kenya,
siddharth.chatterjee@one.un.org

ADVISORY NOTE ON ENSURING A RIGHTS-BASED RESPONSE TO CURB THE SPREAD OF COVID-19

People - not Messaging - Bring Change

We, the undersigned organisations and associations, being representatives of health and human rights, civil society and non-governmental organisations, community-based organisations and representatives, professional bodies, informal sector actors, economic, and governance experts have taken note of the growing public health concern arising out of the global outbreak of the coronavirus disease (COVID-19).

We write pursuant to our constitutional mandate under Articles 3, 10 and 35 of the Constitution on the responsibility to defend and protect the Constitution, the right to participate in matters concerning us and to access public information respectively.

While we, in our organisational capacities, have made individual efforts through open letters requesting information and calling for a rights-based approach to the COVID-19 response, we issue this comprehensive advisory, inclusive of multi-stakeholder views, to provide guidance on a transparent response that safeguards the health and rights of the most vulnerable and underserved populations in Kenya. This is cognisant of the fact that the COVID-19 pandemic continues to negatively impact the health, economic and social status of populations we represent.

1. On March 13 2020 KELIN wrote an open letter to the Cabinet Secretary of Health titled "A rights-based response is critical in dealing with COVID-19" ; On 17 March 2020 KNCHR issued an "advisory On The COVID-19 Disease Response In Kenya"; Patrick Gathara, "Kenya needs to stop panicking and start preparing for coronavirus," 2 Mar 2020.

We recognise the efforts so far made by the government, including:

- Provision of information and updates on the number of people affected through regular press briefings;
- Provision of contact and hotline numbers for the public to access information especially for emergency assistance;
- Emphasis on preventive measures, including directives issued encouraging working from home; directing public transport providers to ensure social distancing; information on the need for proper sanitation; limiting interaction in social and entertainment places; among others;
- Implementation of fiscal and monetary policy measures to provide relief through tax reduction and ensure continued liquidity for individuals and organisations.

Despite these strides, the information and response availed has not been comprehensive and has failed to localise and contextualise how preventive and promotive measures shall be undertaken; highlighting the diverse differences between our country and the developed world. There have also been inadequacies in emphasising the need to respect human rights while employing public health measures.

We, therefore, write this letter to provide guidance on the following critical areas:

Right to information and transparency

Sharing accurate, timely, and lifesaving information is a constitutional obligation, necessary to meet the rights to health and information. Information is critical in ensuring transparency, which in turn builds public trust especially in these difficult times. As such, passing stigmatising information on testing, isolation, and quarantine will be counterproductive to the response.

There are gaps in the information shared and contained in the public domain. Primarily, the government has issued a number of policy directives to manage the pandemic but has failed to stipulate what each seeks to achieve and the timeframe for implementation. The lack of transparency around decisions taken (public health, behavioural or fiscal) make it nearly impossible for Kenyans to engage in a meaningful discourse around the potential costs and the benefits of these measures.

The public needs transparent, accurate and comprehensive updates that relay the state of preparedness and the precautionary measures being taken to curb the spread of COVID-19; the response at population level both locally and abroad; and information on clinical management. Comprehensive information will not only fulfil the constitutional right to access information but also help alleviate public fear, anxiety, and hysteria around COVID-19. If Kenyans do not trust in the accuracy and completeness of the information received, they may be less willing to comply with and adopt measures. This may result in the State enforcing measures through security forces; which is detrimental.

Further, the public needs information on how resources allocated to the response are being utilised, bearing in mind that there have been numerous reports of corruption in the health sector. The World Bank has committed KES Six Billion, of which KES One Billion has already been disbursed, while an additional KES Seven Billion from the Central Bank has been allocated to the pandemic response. Also, several county governments have announced the allocation of funds to support county response measures. The public needs to know how this money is being spent. Transparency in the receipt, allocation, disbursement, and utilisation of these resources with information on requirements for the funds to become available; availability of funds; budget line items that they are supporting; and eventually an audit to check the expenditure is paramount. We, therefore, propose that the government, with support from multilateral development institutions and stakeholders, sets up a live dashboard that is updated regularly with the following information on inputs and processes:

Inputs

- **Testing kits:** Numbered by type, percentages by turnaround time or technology used e.g. point of care (like GeneXpert) or based, and how many testing kits have been delivered to various designated testing facilities.
- **Facilities:** Number of designated COVID-19 management facilities, distribution around the country, capacity to manage severe cases (number of beds, oxygen availability), capacity to manage critical cases (ICU capacity to serve cases of COVID-19, ventilator numbers), laboratory capabilities e.g. blood gas analysis, full metabolic screen and full electrolyte screen.

- **Health workers:** Number trained in each designated COVID-19 facility by cadre, evidence of team-based approaches in COVID-19 facilities e.g. number of ICU teams with nurses, general physicians and critical care specialists. Number of health care workers deployed in every county.
- **Resources:** Publication of allocated, issued and expended financial and non-financial resources for COVID-19 responses. Including resources from private, bilateral and multilateral sources.

Processes

- Publication of previous and current COVID-19 response plans.
- Clarity on strategic goals of current approaches, e.g. isolation, quarantine and testing strategies. For example, whether and why at risk populations are being urged to self-isolate; why quarantined persons are not being offered tests; and why tests are not available on a voluntary basis to all who have symptoms as done in the South Korea response.
- Information on the working conditions for persons providing essential health services, including health care workers, staff in quarantine facilities, and home-based care providers. This should include updates on training provided; measures taken to mitigate occupational safety and health risks, insurance coverage; and availability of frontline healthcare worker shelters.
- Information on how communities will be included in efforts to reduce health risks, access care, and participate in prevention and treatment to slow down COVID-19 spread without undermining the critical role of biomedical and epidemiological interventions that have so far been implemented.

In addition to gaps in the information provided, we have also noted gaps in the methods of communication, which may disadvantage certain populations. To ensure that all citizens are informed, we advise that:

- The Ministry of Health utilises a neutral SMS platform that will extend to users outside of Safaricom.
- Communication is tailored to meet the needs of underserved populations, including people with disabilities.
- Prioritise the information and communication needs of children and adolescents.

Timely, accurate, and transparent communication on our risk as a country, and how we are managing it, is essential during an emergency and it will determine whether the public will trust the government or turn to rumours and misinformation. The experience in DRC is illustrative of the negative impacts of mistrust in the Ebola response with persons refusing to seek treatment; responders and clinics receiving death threats and being assaulted and attacked, and community members believing the epidemic to be a government scheme.

Right to health

Every Kenyan has the right to the highest attainable standard of health, which the government is under an obligation to progressively realise. Containing this pandemic is our country's best chance at ensuring the citizens' health and avoiding the collapse of an already fragile health care system.

Given that the number of confirmed people with COVID-19 has increased to 31 (as of Friday, 27th March 2020, with one confirmed death), we urge the Ministry of Health to work with County Governments and other actors to scale up preparedness by:

- Increasing surveillance to affected 'hotspot' counties as well as neighbouring counties.
- Increasing testing in the communities for all suspected cases.
- Scaling up the tracing of contacts of known or suspected cases.
- Increasing testing of people who are at risk such as vulnerable populations and healthcare workers. Special attention and care must be paid to vulnerable and underserved populations, including People with Disabilities; displaced populations including refugees, communities living with and affected by HIV and TB, homeless persons and those who are incarcerated or otherwise detained.
- Increasing testing of symptomatic healthcare workers and non-clinical staff regardless of their contact history.

Respecting the rule of law

We believe that this response can only succeed if it is undertaken within the confines of the law. We, therefore, urge the government to ensure:

2. The right to health requires that preventive, promotive, curative, rehabilitative and palliative aspects of healthcare are made available, accessible, acceptable and of quality.

- A rights-based response to COVID-19 is adopted. Such a response contains many important aspects, among them, the right to health, equality and non-discrimination, freedom of peaceful assembly, association and movement, an adequate standard of living, as well as the right to benefit from scientific progress. The Public Health Act should be applied in a rights-based manner to meet the ends of public health while respecting, promoting, and protecting the rights of the affected.
- Strict protection of the right to privacy and confidentiality of health information is maintained. We urge the government, the media, and other actors to avoid succumbing to pressure to name the affected people. The COVID-19 situation is not unique to Kenya and we, therefore, urge the government to draw lessons from other countries in contact tracing without violating privacy and confidentiality. We note that discrimination based on 'health status' is prohibited under Article 27 (4) of the Constitution. The response be guided by established international principles, for instance, the Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights.
- Adherence to progressive policies, for instance, the recently enacted Tuberculosis (TB) Isolation Policy, which provides guidelines applicable to the isolation of patients with infectious diseases. The policy was adopted following the decision in Daniel Ng'etich & 2 others v Attorney General & 3 others [2016] *eKLR*, which adopted a rights-based interpretation of the Public Health Act and, as a result, declared the practice of jailing people with TB, as a form of isolation, unlawful and unconstitutional.

Based on media reports and individual experiences, we are concerned that mandatory quarantine and isolation of people affected by COVID-19 appear uncoordinated, unplanned and not guided by policy. For instance, the decision to mandatorily quarantine people in hotels & government facilities raises two fundamental concerns: (i) what measures are being put in place to protect the workers at such facilities from infection; and (ii) why are citizens being forced to incur the costs of isolation at these hotels? These concerns create the impression that the government does not have a contingency plan to ensure mandatory quarantine meets public health objectives to prevent further spread. Further, on 27 March 2020, a person under mandatory quarantine died at Kiti Quarantine Centre in Nakuru County. There is a need - to investigate the circumstances of this death and determine if the quarantine centers are fit for purpose and meet the requirements to ensure individual and public health. Quarantine centers must be able to ensure that persons within it are safe, secure and their mental and physical health is guaranteed taking into account underlying health conditions. The County Government of Nakuru working with the Ministry of Health must provide information on the circumstances of the death and any measures that shall be put in place to address quality gaps within quarantine facilities.

- Recognition that punitive measures or criminal sanctions are not effective in epidemic control. Criminal sanctions are counterproductive because they drive people underground and expose more people to the virus. On 22 March 2020, the government communicated to the public that *"all persons who violate the self-quarantine requirement will be forcefully quarantined for a full period of 14 days at their cost, and thereafter arrested and charged under the Public Health Act."* The HIV response has taught us that *"using criminal law to regulate behaviour and prevent transmission of a virus is a severe and drastic approach in attempting to slow the spread of the virus. As has been seen in the HIV epidemic, the overuse of criminal law can have significant negative outcomes both for the individual and for the response as a whole and often fails to recognize the reality of people's lives. It can further stigmatise people who have the virus, dissuade people from getting tested and destroy trust between the government and communities."*
- That the Kenya Police Service and all other security forces act within the confines of the Constitution and the Criminal Procedure Act. A mandatory curfew between 7:00 PM and 5:00 AM came into place on Friday, 27 March 2020. After only one day there have been reports of police brutality in enforcing this curfew, illustratively, in Mombasa County there are reports of police using teargas and brutalising ferry users well before the curfew time. The rights to dignity; security of the person; and freedom of movement must be respected and protected. Kenyans have a right to be free from corporal punishment and not to be subjected to cruel, inhuman and degrading treatment. The Kenya Police service has a history of using brutality to enforce order, this is both unlawful and unconstitutional as the right not to be subjected to inhuman and degrading treatment is non-derogable.

- The conduct of the Police is strongly condemned and we urge security forces to act within the rule of law as an emergency does not suspend their obligation to respect constitutional rights.

  Procurement laws must be followed to ensure transparency in the procurement of life-saving medicines and other medical supplies, with greater efforts taken to prevent price gouging of drugs, and other goods and services required to protect citizens from contagion (such as hand sanitizers, masks, gloves). While the Public Procurement and Asset Disposal Act allows for flexibility in an emergency we urge that agencies involved in the response balance the need to act without delay to save or preserve lives with the need to act with integrity, guarantee quality and ensure value for money.

Social protection and economic aspects

An inclusive social protection system can have long-lasting impacts on well-being and economic growth. By offering all citizens the guarantee of income security, social protection effectively tackles poverty and inequality, enhances human capital, helps build a strong and productive workforce, protects against shocks and crises, and builds social cohesion. Both the pandemic and the response to it can have severe consequences on people's livelihoods, employment and access to food and essential services. The right to social security is guaranteed in Article 43(1) e of the Constitution. Social protection has three main pillars: social assistance, social insurance; and health insurance.

The COVID-19 pandemic has placed the Kenyan population in a precarious economic situation. The directive for limited social contact has forced businesses to shut their doors. Whereas some businesses or institutions have the ability to operate remotely, this has impacted negatively the many others that require physical presence to operate optimally. The disruption of business operations has had consequences on people's ability to provide basic needs. The problem is particularly acute for informal laborers. 82.7 percent of Kenyans work in the informal sector. If they do not work, they will not receive any income and will not be able to provide basic needs for themselves or their families. Fear of losing their jobs can prevent people from taking necessary steps, such as working from home, quarantine, isolation and seeking medical services.

The COVID-19 response should ensure that people are protected from loss of employment, income or livelihoods through strong labour protections, social security schemes and insurance, so that Kenyans are better able to look after their health, to self-isolate, and accordingly, improve the response to the pandemic.

The measures and messaging around COVID-19 have been tailored for Kenyans in formal wage employment who can afford to and have the amenities to work from home. Additionally, the tax reductions will have little impact on the more than 50 percent of Kenyan households who have an income of less than KES 10,000 per month (outside of the lowest income tax bracket) and who mostly consume goods that are VAT exempt. We note that the government has been replicating measures from the global north without taking time to contextualise it for Kenya, and as a result, we risk disastrous consequences. Kenyans that survive off of a daily wage, will not eat if they stay home. The government cannot place them in the untenable position of choosing between their livelihood and public safety.

We urge the government to put in place measures for social protection and especially, non-contributory social assistance mechanisms and safety nets to 'cushion' the communities and persons who cannot afford to not work. Further, we urge the government not to utilise security forces to enforce measures around social distancing and curfews, as this will be detrimental to a majority of Kenyans and may result in civil unrest. We cannot use a 'one size fits all' approach for COVID-19 and the government must be cognisant of the need to secure the economic well-being of its people.

Urgent solutions are necessary to protect the economic and social rights of all people, including the vulnerable and marginalised, as the COVID-19 pandemic and the measures being implemented create a dire threat to citizen's ability to access health services, housing, sanitation, food, clean and safe water, social security and education. We commend the government for committing KES 10 Billion to cushion elderly, orphaned and vulnerable members of the society from the adverse economic effects of the pandemic through cash transfers.

We call upon the government through the Ministry of Labour, Social Security and Services-department of social protection; UN agencies, multilateral development institutions, and stakeholders working in this space to:

- Support both levels of government in appropriate beneficiary targeting - to target the right geographical areas, vulnerable communities, households and individuals.
    - It will be crucial to engage with and strengthen capacities of community-based organisations and community health workers to support in the identification of vulnerable households in different areas, and in the actual distribution of in-kind transfers in cases of restricted movement and to vulnerable and physically challenged individuals.
- Beneficiary management systems for enrolment and registration through the expansion of existing social registries and assisting the government to temporarily expand its existing social protection programme to include households newly affected by the COVID pandemic.
- There is a need for standardized guidelines and streamlining of targeting, types of cash and food transfers; management information systems (MIS), registries and databases of all beneficiaries and programmes, including the simplification of registration functions.
- Use of different unconditional transfer modalities as appropriate. These may include mobile/electronic cash transfers, in-kind transfers (actual food baskets to meet the food and nutritional needs of households; and non-food items), or commodity vouchers that can be redeemed for food and non-food items at various vendor outlets.
    - If vouchers are selected as a modality, expand the network of traders offering commodities
    - If cash transfers are used to ensure quicker and more efficient disbursements by strengthening digital payments and relaxing the eligibility criteria or conditions of existing programs that already have the cash delivery infrastructure in place.
    - Identify and set up food and non-food items commodity pick up points in close proximity to various communities (this may be necessary with the imposed curfew).
    - Set up home delivery mechanisms for delivery of food and non-food items to households with vulnerable individuals (if a complete lockdown is implemented this shall be necessary).
- Launch community awareness campaigns about how to enroll for and access available cash transfers and food assistance programmes; as well as complaints and feedback mechanisms.
- Prevent utilities such as electricity and water from being cut off during the pandemic.
- Strengthening institutions and technical capacity to refine and operationalise safety nets and social transfers delivery systems of the government including payment service providers, M&E systems to ensure accountability.

Women and girls

Health crises, such as COVID-19 impact women and men differently, exacerbating gender inequality. Previous experiences have shown that women and girls will be more severely affected by the pandemic. Girls and women face disadvantages, because of their limited ability to join the labour sector and their reduced earning capacity compared to men (earning as much as 30 percent less than men).

Women account for a significant part of the healthcare workforce. 75.8 percent of nurses are women, and nurses account for the largest proportion of the healthcare workforce. The health care system also relies on women's unpaid labour, a situation that will become more acute with the implementation of social distancing because the disproportionate burden of caring for children, who are now home from school, will fall on women. Additionally, the burden of home-based health care often falls on women, subjecting them to risk of infection and also limiting their ability to engage in other work. This problem is exacerbated in an epidemic when no support measures are put in place for home-based care providers.

Women and girls are affected by poverty in disproportionately high numbers in Kenya, and in seeking to respond to the realities created by gender inequity, the government should consider the impact that deepening poverty will have on these vulnerable populations. Therefore, social protection measures must account for the very gendered nature of poverty and inequality. Gendering the pandemic, also requires understanding the increased risk women are placed in when resources are diverted towards the pandemic response or services become unavailable. During the Ebola epidemic in Sierra Leone there was a 34 percent increase in facility maternal mortality and a 24 percent increase in the stillbirth rate; fewer women were able to access both pre and post-natal care. Sexual and reproductive health services were affected with obstetric and paediatric care facilities closing; the closure of organisations that offered contraceptive services and information; and the lack of guidance on the management of pregnant women.

The following are recommendations to ensure a gendered approach to the COVID-19 pandemic and include some of the recommendations that have been issued by UN Women:

- Protect essential health services for women and girls, recognising that sexual and reproductive health services are part and parcel of ensuring the right to health in Article 43(1) (a) and (2) of the Constitution for women and girls, are guaranteed and accessible in light of enforced curfews and potentially stretched health facilities
- Make provision for the comprehensive health care of women in all stages of pregnancy in COVID-19 preparedness plans to manage maternal morbidity and mortality rates and mitigate potential health disparities.
- Prioritise services for prevention and response to gender-based violence in communities affected by COVID-19 which must include essential services to address violence against women in preparedness and response plans for COVID-19, provide resources for the said services, and identify ways to make them accessible in the context of social distancing measures and imposed curfews.
- Ensure that there is access to the justice system for women and girls who face sexual and gender-based violence, which includes access to proper reporting and investigations systems and the enforcement of the right to a fair trial.
- Ensure availability of sex-disaggregated data, including on differing rates of infection, differential economic impacts, differential care burden, and incidence of domestic violence and sexual abuse.
- Embed gender dimensions and gender experts within response plans and budget resources to build gender expertise into response teams.
- Provide priority support to women on the frontlines of the response, for instance, by improving access to women-friendly personal protective equipment and menstrual hygiene products for healthcare workers and caregivers, and flexible working arrangements for women with a burden of care.
- Ensure equal voice for women in decision making in the response and long-term impact planning.
- Ensure that public health messages properly target women including those most marginalised.
- Develop mitigation strategies that specifically target the economic impact of the outbreak on women.

Children

Children, like women, experience socio-economic marginalisation and in Kenya the overall child poverty rate is 45 per cent. An epidemic can deepen marginalisation and in the case of children, they are vulnerable because: younger children may not be able to understand information on COVID-19; unaccompanied children may be unable to access timely and life-saving information; they may be unable to express fears and anxieties, and prolonged periods away from schools may cause anxiety and have an impact on emotional wellbeing.
The pandemic response must be cognisant of the burden on caregivers who may not have the capacity to care for children – with children home from school there are increased safety and security risks if parents still have to go to work and lack access to other caregivers. Heightened anxiety among parents and caregivers may result in violence against children at home. Finally, while children are less likely to become severely ill their caregivers may be at greater risk which may impact a child negatively.

Children are at risk of deepening poverty, and their health and mental well-being may be impacted by the: disruption of their lives (which may have financial implications and make them more vulnerable to child labour or exploitation); erosion of social capital; and possible separation of families who may not have access to support systems. The best interest of the child is of paramount importance in every matter concerning the child and the government must take into account the possible negative impact of this pandemic on children.

Media

We appreciate the role that the media has played in informing the public of the signs and symptoms of the virus as well as the preventive measures people can take to curb its spread. The media still has a central role to play in the response namely:

- Providing multi-stakeholder analyses on the broad impact that COVID-19 has on people beyond their health;
- Playing a monitoring and accountability role by providing constructive criticism when, and if, the Government's COVID-19 response falls short;
- Practicing responsible and ethical reporting that does not profile people with COVID-19.

We have received reports of Police seeking to curtail the movement of media personnel, despite media being an essential service and the constitutional guarantee of media freedom. We condemn any actions to interfere with media freedom as this is a violation of Article 34(2) of the Constitution, particularly at a time when access to timely and accurate information is critical to prevent hysteria.

Building public trust is a key component of any pandemic response and the media can play a significant role in ensuring accurate and timely information is availed to citizens, as well as provide avenues to build rapport between the government and its people.

We, therefore, note with grave concern the role played by certain media outlets in vilifying persons confirmed to be infected with COVID-19, referring to them as 'agents of death'. We note that while freedom of the media is guaranteed in Article 34 of the Constitution, this is subject to Article 33(2) which provides that freedom of expression does extend to advocating hatred based on health status. The media is required to meet its obligation to provide information, but it cannot do so in a manner that is likely to incite violence or be interpreted as advocating hatred.

Rather than incite fear, the media can build trust by bridging the information gap and hold the state to account. Conversely, they can fuel stigma and hamper the pandemic response with misinformation and vilification. There are important lessons to be learned from the impact stigma had in exacerbating both the HIV and TB epidemics – this has resulted in driving communities underground; impacting both access to and quality of healthcare, and increasing the spread of the disease.

Healthcare Workers

As part of the pandemic response, we have called upon our medical practitioners, nurses, clinical officers, midwives, community health workers, and volunteers; to place themselves and their families at risk to secure the health of this nation. We note with concern that in early March nurses at Mbagathi Hospital were on a Go-Slow as they were expected to provide care without adequate training. Every worker has the right to fair labour practices which includes reasonable working conditions (Article 41 of the Constitution). This right should be protected even in a pandemic response, and we call upon the government to guarantee the safety and well-being of those taking these risks by:

- Providing adequate training for all healthcare workers deployed towards the management of the COVID-19 pandemic. Additionally, regular technical updates and appropriate tools to assess, triage, test and treat patients, as well as how to share infection prevention and control information should be made available.
- Ensuring that all necessary preventive and protective measures are taken to minimise occupational safety and health risks. Provide quality and adequate personal protective equipment (masks, gloves, goggles, gowns, hand sanitiser, soap and water, cleaning supplies) in sufficient quantities to healthcare or other staff caring for suspected or confirmed COVID-19 patients.
- Consulting with healthcare workers on occupational safety and health aspects of their work and put measures in place to ensure safety.
- Allowing workers to exercise the right to remove themselves from a work situation if they have reason to believe it presents an imminent and serious danger to their life or health.
- Minimising occupational risks and risk to families of healthcare workers by the provision of insurance and adequate and acceptable frontline healthcare worker shelters.

UN and Multilateral Development Institutions

We appreciate the role played by the UN Family in Kenya, led by WHO, and other development partners in providing technical and financial support to the government's COVID- 19 Contingency plan. We call upon the leadership of the UN and multilateral development institutions to help safeguard the progress made thus far to reach the Sustainable Development Goals and to include the most vulnerable and hard to reach populations in the country's response. We therefore wish to call on the development and technical partners in Kenya to scale up efforts in supporting the Government to respond to the crisis in an inclusive, transparent and rights-based manner that adopts evidence-based interventions.

We all want the country and the world to triumph over COVID-19. This will only be achieved through a rights-based response – with all necessary efforts made to prevent further spread of COVID-19, maximum support provided to those affected, enhanced accountability in the use of resources to support response measures and contingent measures to cushion the public from the economic turmoil put in place.

The undersigned are ready and willing to help. We are eager to put our collective expertise to solve this problem in a way that fits Kenya's unique situation, respects the Constitution, and ensures the public health and safety of all.

Signed by:

1. African Institute for Children Studies AICS
2. AHF Kenya
3. Aninas Community Networks for Development (ACND)
4. Boa Boda Association of Kenya (BAK)
5. Buliding Lives Around Sound Transfomation (BLAST)
6. CADAMIC
7. CEDGG
8. Centre for Rights Education and Awareness (CREAW)
9. Community Forum For Advanced and Sustainable Development (COFAS)
10. Community Initiative Action Group Kenya (CIAG-K)
11. COPHAM
12. Constitution and Reform Education Consortium (CRECO)
13. Dandora Community Aids support Association (DACASA)
14. Empowering Marginalized Communities NGO (EMAC)
15. FIDA-Kenya
16. Fountain of Hope
17. Happy Life For Development
18. Health NGOs Network (HENNET)
19. Health Rights Advocacy Forum (HERAF)
20. HUSA
21. International Commission of Jurists-Kenyan Section
22. ICS Africa
23. International community of women living with HIV Kenya
24. Institute of Economic Affairs
25. Katiba Institute
26. Kounkuey Design Initiative (KDI)
27. Keliwo widows' group
28. Kenya Legal & Ethical Issues Network on HIV & AIDS (KELIN)
29. Kenya Red Cross Society
30. Kenya Sex Workers Alliance (KESWA)
31. Kenya Union of Clinical Officers (KUCO)
32. KIASWA Institute
33. Kondele community social justice Center
34. Lean on Me Foundation
35. Men Against Aids Youth Group.
36. Mildmay Kenya
37. Mumbo International
38. Nelson Mandela TB & HIV Information
39. NEPHAK
40. Nyakach Elders' Group
41. Next Generation of Kenya Lawyers Project
42. National Nurses Association of Kenya
43. Pamoja TB group
44. PEMA Kenya
45. People's Health Movement
46. Rising to Greatness
47. SHAPE Kenya
48. Society of Radiography in Kenya
49. Teenseed
50. TISA
51. Transparency International Kenya
52. Trust for Indigenous Culture and Health (TICAH)
53. Voices Of Community Action And Leadership (Vocal Kenya)
54. Wacha Health
55. Women in Real Estate
56. Women's Link Worldwide