



JOINT CIVIL SOCIETY ADVISORY

Safeguarding Public Resources for Ebola Preparedness and Response in Kenya

To:

- Cabinet Secretary, Ministry of Health
- Cabinet Secretary, National Treasury and Economic Planning
- Chairperson, Ethics and Anti-Corruption Commission
- Auditor-General
- Chairpersons, National Assembly and Senate Health Committees
- Director-General, Public Procurement Regulatory Authority
- Chief Executive Officer, Kenya Medical Supplies Authority
- Controller of Budget
- Commission on Administrative Justice
- Kenya National Commission on Human Rights
- National Gender and Equality Commission
- Council of Governors

Re: Urgent Call for Preventive Measures to Safeguard Resources For Ebola Preparedness and Response

We, civil society organisations working on health rights, transparency, public finance accountability and community participation, call upon government institutions and independent oversight bodies to put in place measures to prevent corruption and misuse of resources mobilised for Ebola preparedness and response in Kenya.

On 6 October 2026, the Ministry of Health confirmed an imported case of Bundibugyo Ebola virus disease. The patient subsequently died. The Ministry has clarified that Kenya is not experiencing an Ebola outbreak, but has intensified surveillance, contact tracing and preparedness measures.

We recognise the importance of these efforts and the need for adequate resources to protect healthcare workers and communities. However, resources must be managed transparently and used for their intended purpose.

We emphasise that accountability is not an obstacle to emergency response. Rather, it is essential to ensuring that resources are available when needed, reach their intended beneficiaries and deliver value for money. Preventive safeguards must therefore be integrated into preparedness and response measures from the outset, without compromising the speed and effectiveness of public health interventions.

1. Learning from COVID-19

Kenya's experience during the COVID-19 pandemic which as per the Office of the Auditor general, the Government of Kenya, through the National Treasury and Planning, mobilized a total of Kshs.214,908,853,825 from the various Development Partners, raised serious concerns about emergency procurement, management of public funds, distribution of medical supplies and accountability for expenditure.

Civil society organisations, Parliament and oversight institutions raised concerns about weaknesses in these areas. The lessons from that period must inform the management of resources for current and future public health emergencies.

We are not alleging that Ebola preparedness resources have been misused. Our concern is that institutions should put safeguards in place now, rather than wait for problems to arise.

The COVID-19 experience shows the importance of clear funding arrangements, complete procurement records, timely disclosure, effective inventory controls and implementation of audit recommendations. These lessons should be applied proactively to Ebola preparedness, including any resources mobilised through supplementary budgets, emergency allocations, development partners, grants and donations.

2. Legal and constitutional obligations

Articles 10, 35, 43(1)(a), 201 - 227,228, and 229 of the Constitution establish important obligations relating to transparency, access to information, the right to health, prudent management of public resources and public procurement, and oversight of budget implementation and the independent audit of the public records.

These obligations are supported by the Public Finance Management Act, 2012, the Public Procurement and Asset Disposal Act, 2015, the Public Audit Act, 2015 and the Access to Information Act, 2016.

Emergency procurement may be permitted under the law where the applicable conditions are met, but it does not remove requirements for proper documentation, accountability and value for money.

Against this background, we call upon the following institutions to take preventive measures within their respective mandates.

3. Recommended institutional actions

A. Ministry of Health and National Treasury

We call upon the Ministry of Health and National Treasury to:

- Publish, in accessible formats, a consolidated account of Ebola preparedness financing, identifying the sources of funding, amounts allocated and released, responsible implementing agencies, expenditure to date and outstanding commitments, in line with applicable data protection laws.
-

- Put in place clear arrangements for tracking funds and other resources mobilised for Ebola preparedness, including domestic allocations, grants, loans and donations.
- Ensure that procurement decisions are properly documented and that appropriate financial controls are maintained.
- Strengthen coordination and accountability for resources allocated to national and county health facilities.
- Regularly communicate how resources are being managed and what preparedness measures have been implemented, in line with applicable disclosure obligations.

B. Kenya Medical Supplies Authority (KEMSA)

Where KEMSA is involved in the procurement, storage or distribution of Ebola preparedness supplies, we call upon it to:

- Ensure proper procurement and inventory controls to prevent inflated prices, loss, diversion and expiry of supplies.
- Maintain accurate records of supplies received, stored and distributed.
- Verify that supplies reach the intended health facilities and are properly accounted for.
- Apply lessons from relevant audit findings and procurement weaknesses identified during the COVID-19 response.

C. Ethics and Anti-Corruption Commission (EACC)

We call upon EACC to consider undertaking a proactive assessment of corruption risks associated with Ebola preparedness resources and to provide preventive guidance to the institutions responsible for managing them.

Particular attention should be paid to emergency procurement, conflicts of interest, inflated prices and the diversion of medical supplies.

The Commission should also act on credible reports of corruption within its legal mandate.

We further call upon EACC to establish or publicise accessible channels for reporting suspected corruption specifically in Ebola preparedness and response, and to provide appropriate guidance on the protection of persons reporting suspected wrongdoing.

D. Parliament and County Assemblies

We call upon the National Assembly and Senate Health Committees, together with other relevant parliamentary committees, to exercise their oversight mandates by seeking updates on preparedness financing, procurement and implementation.

Parliament should also follow up on relevant outstanding recommendations arising from previous audits by the Office of the Auditor General and inquiries into emergency health expenditure.

County assemblies should exercise oversight over preparedness resources and expenditure within their respective counties.

E. Office of the Auditor-General

We call upon the Auditor-General to give appropriate attention to Ebola preparedness expenditure in the exercise of the Office's constitutional audit mandate.

This should include examining whether public resources have been used lawfully and effectively, and whether medical supplies and other resources have reached their intended destinations.

F. Public Procurement Regulatory Authority

We call upon the Public Procurement Regulatory Authority to strengthen monitoring and guidance on emergency procurement, particularly compliance with applicable procedures, proper record-keeping, transparency and value for money.

G. Controller of Budget

We call upon the Controller of Budget to exercise the Office's constitutional mandate over the authorisation of withdrawals from public funds and to report, as appropriate, on the implementation of relevant national and county budgets.

H. County Governments and Council of Governors

We call upon county governments, working with the Council of Governors, to strengthen accountability for preparedness resources received and used at county level.

This should include verifying delivery of medical supplies, identifying gaps in preparedness and involving healthcare workers and communities in monitoring the availability of essential services.

I. Commission on Administrative Justice

We call upon the Commission on Administrative Justice to support compliance with access to information obligations and address complaints relating to unjustified withholding of public information or maladministration concerning Ebola preparedness resources.

J. Kenya National Commission on Human Rights

We call upon the Kenya National Commission on Human Rights to monitor the human rights implications of Ebola preparedness, particularly the protection of healthcare workers, availability of essential services and equitable access to preparedness resources.

K. National Gender and Equality Commission

We call upon the National Gender and Equality Commission (NGEC) to promote equality, inclusion and non-discrimination in Ebola preparedness and response. This should include safeguarding equitable access for all while prioritising the needs of disadvantaged groups, including women, children, youth, persons with disabilities, older persons, refugees and internally displaced persons. NGEC should also promote meaningful participation and address barriers that may reinforce existing inequalities.

4. Community participation and accountability

Healthcare workers and communities have an important role in identifying gaps in preparedness and verifying whether resources reach their intended beneficiaries.

We therefore encourage institutions involved in the response to establish accessible mechanisms for reporting suspected irregularities and raising concerns about procurement, supplies and service delivery.

Such mechanisms should provide appropriate confidentiality and protection against retaliation, consistent with the law.

We also encourage development partners supporting Ebola preparedness to maintain appropriate financial controls, transparent reporting and independent verification of the resources they provide.

5. Conclusion and call to action

Kenya must be prepared to respond quickly and effectively to Ebola and other public health threats. This requires adequate resources, effective coordination and confidence that public funds and medical supplies will be used for their intended purpose.

The lessons from COVID-19 must not be forgotten. We urge all institutions responsible for managing and overseeing Ebola preparedness resources to review the safeguards currently in place and address any gaps before problems arise.

Preventing corruption is as important as investigating it. Public institutions must act now to protect resources intended to protect the health and lives of Kenyans.

Endorsed by:

- Amnesty International Kenya
 - Empowerment Community Based Organisation (ECBO)
 - Good Health Community Programme
 - Inuka Kenya Ni Sisi!
 - KELIN
 - Kenya Human Rights Commission
 - National Integrity Alliance
 - New Hope Community Initiative (NeHCI)
 - Raise Your Voice CBO
 - Smart Widows Support System
 - The Institute for Social Accountability (TISA)
 - Transparency International Kenya
 - Wote Youth Development Projects CBO
 - Young Professionals for Development (YPD)
-