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Evaluating Emergency Response Committee Actions in Managing COVID-19 in Kilifi County, Kenya

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ABSTRACT

The COVID-19 pandemic remained a global health threat in 2023, with over 110 million new cases and 300,000 deaths reported. Kenya, like many countries, faced challenges in its response, hindered by underreporting, the lack of a comprehensive surveillance system and lack of inclusivity in the emergency response committee. The research assesses the alignment of ERC operations with World Health Organization guidelines, highlighting that 94.56% of respondents affirmed the ERC's adherence to international frameworks. 88.12% of respondents affirmed the timeliness and effectiveness of presidential executive orders, emphasizing the role of national policies in shaping pandemic response strategies. The study aimed to evaluate Kenya's pandemic management capacity, with a focus on Kilifi County, using a descriptive research design targeting government employees involved in COVID-19 management. The actions of ERC had a significant positive effect on managing the pandemic. The study rejected the null hypothesis, showing that these committee actions were crucial in the pandemic response. The study recommends the immediate formation of emergency committees when potential health crises arise. There is emphasizes the need for clear policies on government response and pandemic preparedness to effectively manage future health emergencies. This highlights the critical role of the ERC in guiding Kenya's COVID-19 response efforts.

1.0 BACKGROUND TO THE STUDY

1.1 Introduction

The COVID-19 pandemic, caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), was first identified in Wuhan, China, in 2019 and rapidly escalated into a global health crisis within three months (Gupta, 2020; WHO, 2019; WHO, 2020). The World Health Organization (WHO) formally declared it a global pandemic, leading to urgent international responses aimed at managing the outbreak (Gostin et al., 2020; WHO, 2020). The pandemic severely affected both developed and developing nations, resulting in significant loss of life and widespread unemployment, which contributed to a downturn in global economic growth (Chen & Assefa, 2021). Governments faced various challenges, including isolation measures, quarantining of affected individuals, body disposal protocols, and restrictions on movement, which ultimately led to reduced household incomes and business viability (Chen & Assefa, 2021).

An evaluation by the Organization for Economic Cooperation and Development (OECD, 2022) categorized global response strategies into three key domains: pandemic preparedness, crisis management, and response and recovery. Pandemic preparedness emphasizes the need for governments to anticipate emergencies by acquiring relevant knowledge and formulating effective policies to reduce vulnerabilities (OECD, 2022). Crisis management involves timely responses and transparent communication, alongside the coordination of various governmental agencies. The response and recovery phase focuses on implementing restrictions and providing economic support to protect vulnerable populations (OECD, 2022). WHO guidelines serve as a critical framework for member states to enhance their preparedness and response actions by covering various aspects such as planning, risk communication, surveillance, vaccination, and monitoring (WHO, 2020).

By May 2022, the pandemic's global impact was significant, with over 521 million cases and 6.26 million deaths reported (WHO, 2022). The crisis triggered considerable economic and social upheaval, characterized by recessions and disruptions in employment, household incomes, transportation, and global supply chains, leading to food shortages and exacerbated health disparities (Cookson, 2020; Aristovnic et al., 2021).

In Kenya, the government's effective management of the pandemic was attributed to its existing healthcare system and strong political will. The country allocated 16% of its 2018/2019 budget to healthcare, surpassing the Abuja Declaration's recommendation of 15% of national GDP, resulting in a low case fatality rate of 1.3%, significantly below the global average of 2.2% (Kenya Ministry of Health, 2017a; Salyer et al., 2020). Despite its relatively limited experience compared to South Africa, Kenya's preparedness level was assessed at 60% during the outbreak (Wachira & Mwai, 2021). However,

indicators from the WHO's Joint External Evaluation (JEE) revealed low preparedness in Kenya, with scores of 2.9 in prevention and detection and a notably weak 2.0 in response (Government of Kenya [GoK], 2020).

To address the pandemic's effects, the Kenyan government implemented several economic recovery measures, including food aid, tax relief, health insurance expansion, and cash transfers for vulnerable populations (Ogira et al., 2022; Ouma, 2021). The post-recovery phase of COVID-19 has been uneven globally, with many low- and middle-income countries continuing to face economic shocks, while advanced economies experience rising COVID-19 cases (United Nations [UN], 2022). In Kilifi County, data from the Kilifi Health Demographic Surveillance System (KHDSS) indicated that 120 samples (7.2%) tested positive for SARS-CoV-2 in the first half of 2023, with additional cases reported outside the KHDSS (Mwanga et al., 2023). However, these figures may underrepresent actual cases due to limitations in the surveillance system (GoK, 2022).

1.2 Statement of problem

The COVID-19 pandemic revealed significant deficiencies in the Kenyan government's capacity to manage public health crises effectively, particularly in economically disadvantaged regions like Kilifi County. Central to this response was the Emergency Response Committee, whose effectiveness was undermined by several challenges, including chronic underfunding, inadequate healthcare infrastructure, and poor coordination among governmental and non-governmental stakeholders. The reduction of the healthcare budget by 1.4 billion in 2020-2021, coupled with an overreliance on World Health Organization recommendations without a comprehensive national framework, further restricted the committee's ability to respond effectively to the pandemic’s evolving dynamics.

1.3 Research Objectives

To examine how emergency committee response actions affect the COVID-19 management in Kilifi County.

1.4 Research hypotheses

H01: Emergency response committee actions have no significant effect in managing COVID-19 pandemic in Kilifi County.

1.5 Significance of the study

This study focuses on Kilifi County, which faces significant healthcare disparities and economic challenges, making it particularly vulnerable during the COVID-19 pandemic. With a high dependency ratio (42:32) and a poverty rate (46.1%), the county's healthcare system is strained due to understaffing and limited resources. The Emergency Response Committee played a crucial role in managing the pandemic by coordinating efforts and leveraging resources from various sectors, such as the Kenya Medical Research Institute (KEMRI), which implemented a surveillance system for real-time COVID-19 testing and genomic surveillance. By assessing the Committee's actions, the research provides valuable insights for policymakers and contributes to enhancing healthcare infrastructure and crisis management capacity in Kilifi County.

2.0 LITERATURE REVIEW

2.1 Theoretical review

The ERC's management of the COVID-19 crisis in Kilifi County is informed by three foundational theories: Contingency Theory, Stakeholder Theory, and Situational Crisis Communication Theory (SCCT). Fiedler’s Contingency Theory (1964) emphasizes the adaptability required in leadership during unpredictable challenges, underscoring that there is no single best approach to crisis management. This adaptability was reflected in Kenya’s Executive Order No. 2 of 2020, which allowed the Committee to implement policy adjustments, foster cross-sector collaboration, and swiftly execute containment measures (Fiedler, 1964).

Stakeholder Theory (Freeman, 1984) highlights the importance of managing relationships with diverse stakeholders, such as healthcare providers and international agencies, to effectively mobilize resources and implement strategies. By engaging various actors, the Committee promoted shared responsibility for pandemic control. Meanwhile, SCCT (Coombs, 1995) emphasizes effective communication practices crucial for alleviating public anxiety and combating misinformation during crises. To build public trust, the Committee followed SCCT principles by ensuring transparent and timely information dissemination, which enhanced compliance with health measures. Collectively, these theories frame the Committee's comprehensive approach, prioritizing adaptability, stakeholder engagement, and clear communication in Kilifi County’s pandemic response.

2.2 Empirical Review

2.2.1 The Management of COVID-19 pandemic

The management of COVID-19 necessitated that countries, including Kenya, establish effective emergency response mechanisms to mitigate the virus's spread and address health crises. Numerous studies emphasize the importance of adaptable policy measures and targeted strategies for effective crisis

management. For instance, Gianino et al. (2020) analyzed COVID-19 containment in Europe, revealing that specific interventions, such as workplace closures and restrictions on private gatherings in the UK and Germany, significantly correlated with reductions in COVID-19 cases. Utilizing the Oxford COVID-19 Government Response Tracker (OxCGRT) and statistical models like vector autoregression (VAR) and Granger causality tests, the study underscores the need for tailored emergency responses, particularly for Kenya, given its unique public health challenges and resource constraints.

In addition to international studies, regional research has highlighted the distinct challenges faced by African countries. Aung et al. (2022) investigated community-level interventions across 12 countries, finding that effective communication, health literacy, and adherence to local social norms were essential for mobilizing collective action against COVID-19. Similarly, Tessema et al. (2021) reviewed African nations' preparedness, revealing significant challenges in healthcare capacity and COVID-19 testing, leading to disruptions in patient care and increased mortality. Kenya's response incorporated a multi-sectoral approach focusing on resource mobilization and public awareness, reflecting strategies observed in other African nations (Massinga et al., 2022).

Government capacity and policy adaptability have been crucial in shaping pandemic management strategies. Ihekweanzu and Agogo (2020) assessed Kenya's health policy preparedness, identifying gaps in detection and response frameworks prior to the pandemic. This review, taking a retrospective and descriptive approach, evaluates the Kenyan Emergency Response Committee's effectiveness in resource mobilization and coordination, contributing to a nuanced understanding of managing pandemics within resource-constrained environments.

2.2.2 Response and Preparedness Mechanism

The COVID-19 pandemic has posed an unprecedented global challenge, compelling nations to form and mobilize emergency response committees to mitigate its impact. Studies examining the effectiveness of various interventions provide a foundational understanding of how tailored strategies can shape pandemic outcomes. Gianino et al. (2020) analyzed COVID-19 containment strategies across Italy, Germany, Spain, and the UK, focusing on the relationship between implemented measures and incident cases during the second wave. Using the Oxford COVID-19 Government Response Tracker (OxCGRT) and advanced statistical models, the study revealed that, while most interventions showed no significant impact on incident cases, measures such as workplace closures and limitations on private gatherings in the UK, and restrictions on internal movement in Germany, demonstrated significant correlations with reductions in cases. This analysis of the relationship between policy and incident cases underscores the need for context-driven, responsive actions in managing COVID-19, a principle that aligns with Kenya's approach. Kenya's emergency response, in contrast, adopted a descriptive framework suited to its unique resource constraints, focusing on public health capacity and adaptive management.

Community engagement emerged as a critical factor in pandemic response, as illustrated by Aung et al. (2022), who explored community-level COVID-19 interventions across 12 countries. Their findings emphasized the importance of effective communication, health literacy, and the role of social norms in fostering collective action to control virus transmission. In Kenya, community responses were bolstered by these insights, applying health literacy and social support strategies to optimize compliance with public health measures. Regional studies on Africa also highlighted the challenges faced by healthcare systems in resource-limited settings. Tessema et al. (2021) identified significant gaps in healthcare preparedness and policy implementation across African countries, indicating how resource limitations disrupted care delivery and increased COVID-19-related health impacts. These limitations emphasized the necessity for Kenya's Emergency Response Committee to employ a contextually adaptive approach, addressing issues of healthcare resource constraints through multisectoral coordination, risk communication, and capacity-building initiatives (Massinga et al., 2022; CDC, 2020).

Several studies underscore the role of government capacity and adaptive policies in pandemic response effectiveness. Ihekweanzu and Agogo (2020) evaluated Kenya's health policy preparedness, using the WHO Joint External Evaluation (JEE) metrics, and found gaps in emergency response plans and health risk detection capacities prior to COVID-19. These limitations prompted Kenya to adopt flexible strategies during the pandemic, thereby enhancing its emergency response capability through a multi-agency framework focused on mobilizing local resources and promoting public health awareness. Kenya's strategy reflects a blend of adaptive policy application, informed by Contingency Theory, and integrated stakeholder collaboration, consistent with best practices observed in other African nations' pandemic management frameworks (Massinga et al., 2022). This targeted literature review sheds light on the complex interplay between Kenya's public health strategies, healthcare limitations, and regional influences, offering insights into the efficacy of Kenya's Emergency Response Committee in managing COVID-19 within a resource-constrained national context

2.2.3 Emergency Committee Response Action

The COVID-19 pandemic, designated a Public Health Emergency of International Concern (PHEIC) by the WHO, highlighted the urgent need for effective emergency response mechanisms globally. Following recommendations from the WHO's ERC, an international declaration led to discussions in Geneva regarding knowledge gaps, research questions, and funding for COVID-19 research and development (WHO, 2020). Studies of past pandemics, such as H1N1, Ebola, and Zika, have assessed the effectiveness of global pandemic responses, revealing varied successes in timely responses, transparency, and intergovernmental coordination. Significant challenges arose during the early COVID-19 response, particularly with delays and lack of transparency, notably regarding China's initial disclosures (Wilder-Smith, 2020; Durrheim, 2020). These issues exposed critical gaps in global response systems, often influenced by political and structural barriers at national and international levels.

While existing studies have enhanced understanding of global pandemic management, they frequently focus on China's response, leaving the efficacy of similar measures in different socio-political and economic contexts underexplored. This study aims to fill this gap by examining Kenya's ERC actions and providing insights into the nation's pandemic response, given its unique public health infrastructure and socio-economic framework. The Kenyan

ERC, established by the President, was tasked with overseeing the COVID-19 response through crisis communication, sectoral preparedness, cross-agency coordination, and training medical professionals in case management (Government of Kenya, 2020).

Localized studies, such as Sarkodie et al. (2021), offer valuable lessons in tailored pandemic responses, as evidenced by Ghana's coordinated efforts, including rapid response teams and public health committees. Despite successes in managing an 8.2% positivity rate and 0.6% fatality rate, limitations in sustainability and inclusivity were noted. Similarly, the Kenyan ERC's establishment of rapid response teams and daily updates highlights the need for a focused analysis of their long-term impact within Kenya's decentralized health system. This study evaluates how Kenya's national response was operationalized at the county level, providing insights that may inform future public health emergency responses in decentralized governance systems.

By detailing Kenya's ERC strategies and preparedness measures, this research contributes to the global discourse on pandemic management, focusing on local applicability and policy enhancement. Addressing Kenya's national-level pandemic response within a resource-constrained public health system, this study offers critical insights for low- and middle-income countries (LMICs) on improving ERC-led emergency preparedness and response strategies, thus filling important gaps in the literature on pandemic management in LMICs.

3.0 RESEARCH METHODOLOGY

3.1 Research Philosophy

The study employed a pragmatic research philosophy to integrate varied methods for capturing diverse perspectives, crucial for analyzing the Emergency Response Committee's COVID-19 management in Kilifi County. This approach enabled a flexible, comprehensive examination of government response and capacity, blending deductive and inductive reasoning for a nuanced understanding (Kivunja, 2017; Teddlie & Tashakkori, 1998).

3.2 Research design

A descriptive research design was utilized to provide a comprehensive overview of government capacity and the Emergency Response Committee's management of the pandemic (Aggarwal & Ranganathan, 2019). This approach effectively depicted real-world situations without manipulating variables, allowing for the analysis of quantitative and qualitative data through thematic analysis. It evaluated the committee's coordination, resource mobilization, and communication strategies while avoiding complex ethical challenges. The findings supported generalizations and informed inferential statistical analysis, offering valuable insights for future crisis management (Cooper & Schindler, 2008; Mishra et al., 2019).

3.3 The study location

The research took place in Kilifi County, which covers an area of 12,552 Km2 with a population of 1,452,787. The county government administrative structure is divided into 7 administrative units, namely Kilifi North, Kilifi South, Kaloleni, Malindi, Magarini, Ganze, and Rabai, with 35 sub-county wards (KNBS, 2019, IEBC, 2022), while the national government is divided into 9 administrative units with the addition of Chonyi and Kauma to the existing administrative structure.

3.4 Target Population

The study targeted 432 staff members from county and national governments involved in managing the COVID-19 pandemic, based on records of KCIDP, 2018–2022. This group included Emergency Response Committee members crucial for coordinating responses in Kilifi County.

3.5 Sampling techniques

A mixed-method technique of stratified sampling and purposive sampling used as outlined by Teddlie and Tashakkor (2009). Stratified sampling guided in identifying the sub-groups with similar or different characteristics and ensure precision estimate on each stratum by placing similar characteristics into the subgroup in order to give higher statistical power (Parson, 2014). Purposive sampling was used to select research participants with certain skills and expertise on COVID-19 pandemic management (Cresswell & Plano, 2011; Patton, 2002).

3.6 Sample Size

The sample size was determined using Yamane formula (Yamane, 1967) where 207 research participants was selected.

n = N/ (1+N (e)2. Therefore, n= 432/1+ (0.5)2= 207

Where n represent sample size, N represent Population size, e is the precision level with the sampling error of 5%.

The study results indicated that 94.56% of respondents affirmed the ERC's establishment aligned with the WHO guidelines, underscoring the significance of international frameworks in shaping local responses to health emergencies (Table 4.3). This alignment resonates with successful strategies employed by countries like South Korea and Singapore, which effectively utilized WHO recommendations for pandemic management through rapid testing and contact tracing (Kim et al., 2020; Ranney et al., 2020).

The study also found that 57.92% of respondents acknowledged capacity-building initiatives conducted by the ERC, highlighting the importance of preparedness in managing public health crises. However, a notable challenge emerged, with 48.51% indicating insufficient public participation in ERC activities, potentially undermining public trust and compliance with health measures, a concern corroborated by findings in other contexts (Seeger et al., 2020). Additionally, 88.12% of respondents considered the presidential executive orders timely and effective, illustrating the critical role of coherent national policies in resource mobilization and coordination during a crisis.

Notably, 42.5% of respondents believed that the ERC should have been formed immediately after Kenya's first COVID-19 case, aligning with literature that emphasizes the benefits of early ERC formation for implementing essential containment measures (CDC, 2021; Kapur & Smith, 2020). This finding parallels global experiences where early ERCs, as observed in Taiwan and New Zealand, effectively coordinated multi-sectoral responses (Wang et al., 2020; Vance, 2020), contrasting sharply with regions like Italy, which faced severe resource shortages due to delayed responses (Remuzzi & Remuzzi, 2020). The Kilifi study thus reinforces the necessity for ERCs to prioritize preparedness, training, and international collaboration for effective future pandemic management (Moon et al., 2020).

4.3 Thematic analysis on Emergency Response Committee

Table 4.4: Thematic analysis on Emergency Response Committee

Variable	Category	Frequency	Percentage	
Are you aware and fully conversant with the measures and regulations that were formulated to curb COVID-19?	Yes	198	98.02	
	No	4	1.98	
Total	**202**	**100.00**		
Were executive orders timely and effectively implemented?	Yes	187	92.57	
	No	15	7.43	
	Total	**202**	**100.00**	
Transport	21		10.4	
Which sector do you feel was the most hardly affected by the government policies on COVID-19?	Trade/Businesses	31		15.3
	Tourism/Hotel/Hospitality	34		16.8
	Health	45		22.3
	Agriculture	13		6.4
	Education	38		18.8
	Sport	15		7.4
Others	5		2.5	
	Total	**202**		**100**
Institution of participants	NGAO National government administrative officer)	46		22.7%
	NPS (National police service)	36		17.8%
	County government administrative officers)	4		2%
	Ministry of education	56		27.7
	Ministry of health	60		29.7
		202		**100**

Source: Research Data (2024)

The results on ERC demonstrated critical adaptability in managing the COVID-19 pandemic, employing data-driven approaches to inform effective public health interventions. This adaptability is essential in crises, as timely decision-making significantly influences outcomes. The ERC's emphasis on responsive policy development and implementation highlighted its commitment to public health and safety, aligning with the necessity for governmental bodies to act decisively in health emergencies.

Stakeholder engagement and collaborative governance were pivotal, enabling the ERC to facilitate a coordinated response across various sectors. By organizing training sessions, workshops, and webinars, the ERC enhanced stakeholders' understanding of pandemic management, including infection prevention and control, thereby exemplifying best practices in public health education and capacity building.

The ERC prioritized equitable resource allocation, ensuring fair distribution of essential tools and support among crisis managers. This approach is vital for fostering resilience and effectiveness in emergency responses, particularly in resource-limited settings. Overall, the ERC's actions underscore the importance of adaptability, stakeholder engagement, and equitable resource allocation in effectively managing public health crises in Kilifi County.

4.4 Linear Regression on Emergency Response Committee Actions

Table 4.5: Linear Regression on Emergency Response Committee Actions

The model's R^2 value of 0.058 indicated that approximately 5.8% of the variability in COVID-19 management could be explained by ERC actions, suggesting that other unmeasured factors also influenced containment measures. The statistically significant ANOVA results, with an F-value of 10.465 and a p-value of 0.001, confirmed the model's appropriateness in analyzing the relationship between ERC actions and effective pandemic management.

The linear regression revealed that a unit change in ERC actions resulted in a 24.1% increase in COVID-19 management efficiency, rejecting the null hypothesis that ERC actions had no significant effect. This result underscores the pivotal role of the ERC in enhancing pandemic management strategies. The study's predictive equation,

Management of Covid-19=3.031+0.241(Emergency Response Committee Actions)

This demonstrates the direct correlation between ERC interventions and management effectiveness.

These findings align with the OECD (2022), which highlighted that well-coordinated emergency response actions across member states significantly influenced COVID-19 management. The report noted the importance of preparedness and timely governmental actions in mitigating the pandemic's effects, echoing similar sentiments from Mjaset (2020), who emphasized the efficacy of coordinated emergency committees in Norway. Mjaset's research illustrated how a structured government response facilitated effective management of health crises by integrating multiple sectors and stakeholders.

The ERC in Kilifi County also mirrored successful strategies observed globally, particularly in countries like South Korea and New Zealand. The South Korean ERC's reliance on real-time data analytics for decision-making, such as implementing travel bans and quarantine protocols, effectively curtailed the spread of the virus (Chinazzi et al., 2020). The New Zealand approach demonstrated that early, decisive actions—exemplified by strict lockdown measures and robust border controls—were essential in eliminating community transmission (Jefferies et al., 2020). These instances exemplify the critical need for data-driven and transparent decision-making in public health management.

The ERC's role in stakeholder engagement and collaborative governance proved essential in Kilifi County, facilitating a coordinated response among various health entities and community organizations. This collaboration was vital for implementing consistent public health measures and avoiding conflicting policies (Kettl, 2020). The ERC's efforts in knowledge dissemination through training sessions and workshops ensured that stakeholders were well-informed about COVID-19 management strategies, including infection prevention and control measures.

Additionally, the study highlighted the importance of equitable resource allocation. The ERC ensured that essential medical supplies, such as personal protective equipment (PPE) and ventilators, were distributed fairly among healthcare providers, addressing potential shortages and ensuring that resources reached the most affected areas (CDC, 2021). This strategic resource management was crucial in enhancing healthcare capacity during peak infection periods.

Effective communication strategies were also fundamental to the ERC's actions. Transparent and consistent messaging helped build public trust, ensuring community compliance with health directives. The ERC utilized various media channels to disseminate information, reaching diverse populations and countering misinformation (Betsch et al., 2020). The involvement of community leaders further facilitated communication efforts, especially in addressing vaccine hesitancy and promoting adherence to public health guidelines (Mesch & Schwirian, 2020).

The ethical implications of ERC actions were significant, particularly regarding resource allocation and the enforcement of public health measures. ERCs developed frameworks to guide the fair distribution of scarce resources and to navigate the complex ethical landscape associated with pandemic management (Emanuel et al., 2020). Balancing public health needs with individual rights required careful consideration and legal frameworks that addressed privacy concerns related to digital contact tracing tools (Morley et al., 2020).

In conclusion, the actions of the Emergency Response Committee in Kilifi County significantly influenced the management of the COVID-19 pandemic. Through adaptive strategies, stakeholder engagement, effective resource allocation, and clear communication, the ERC demonstrated its pivotal role in mitigating the pandemic's impact. The findings underscore the importance of robust emergency response frameworks in enhancing public health outcomes, emphasizing that successful management requires coordinated efforts, timely decision-making, and community involvement. As global health

systems reflect on lessons learned from the pandemic, the experiences from Kilifi County can inform future strategies for managing health crises effectively

5.1 Conclusion

The study highlights the critical role of the Emergency Response Committee (ERC) in managing the COVID-19 pandemic in Kilifi County, revealing a significant positive correlation between ERC activities and effective pandemic management. It underscores the necessity of structured emergency response mechanisms during health crises, with an emphasis on multisectoral coordination, adequate funding, and community engagement as essential components of resilience and adaptability. Aligning with previous research by O'Sullivan et al. (2021), Krause et al. (2020), Legido-Quigley et al. (2020), and Betsch et al. (2020), the findings affirm that early preparedness and collaboration across sectors, along with community involvement, are vital for managing public health emergencies.

To enhance emergency response systems, the study advocates for the prompt establishment of ERCs in anticipation of public health threats, comprising diverse community stakeholders. It recommends that governments prioritize resource allocation, authority empowerment, and a data-driven decision-making framework for ERCs, ensuring evidence-based actions. Strong political support is essential for sustained public health prioritization. Furthermore, fostering international collaborations can improve coordinated pandemic responses, facilitating timely information exchange. Ultimately, this study emphasizes the transformative potential of well-supported ERCs in safeguarding public health and advocates for strategic investments to bolster health emergency responses in Kilifi County and similar regions, contributing to long-term public health resilience.

5.2 Recommendations

The study recommends that the Kilifi County government, along with similar regions, prioritize the establishment and support of multidisciplinary Emergency Response Committees (ERCs) as integral to public health infrastructure. These committees should include representatives from health, government, business, community organizations, and religious institutions to enhance crisis decision-making. Adequate funding, authority, and access to data analytics are crucial for enabling evidence-based responses. Sustained political commitment is necessary to ensure ERC operations persist beyond crises. Furthermore, fostering international collaborations and implementing community-centered communication strategies will strengthen ERCs' capacity to effectively address health threats and promote long-term health security.

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