Cholera prevention and control in Kenya

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Abstract: Kenya experienced widespread cholera outbreaks in 1997-1999 and 2007-2010. The reemergence of cholera in Kenya in the first months of 2015 suggests that cholera remains a public health threat. This study employed a mixed methods approach to investigate the successes and challenges of cholera prevention and control in Kenya through analysis of cholera surveillance data and key informant interviews. The goal of this study was to produce information that will be useful to the Government of Kenya in establishing or strengthening policies and programs that effectively prevent and control cholera.

Key findings from analysis of cholera surveillance data indicate: (1) cholera has been recurrent in various geographic regions with differing climatic conditions, (2) cholera has affected some of the least densely populated rural areas as well as Kenya's largest cities, and (3) cholera occurrence appears to be associated with open defecation, access to improved sanitation, access to improved water sources, poverty, and level of education.

Interventions, policies, and strategies that are perceived to be effective in cholera prevention and control include: (1) Community Led Total Sanitation, which aims to eliminate open defecation, (2) provision of clean water, and (3) the Integrated Disease Surveillance and Response strategy, which is Kenya's platform for implementation of the International Health Regulations. Key challenges include: (1) lack of access to improved water and sanitation for a large proportion of the population, (2) limited laboratory capacity to diagnose cholera, and (3) poor availability of intravenous fluids and oral rehydration solution.

The findings of this study suggest that there is need to intensify efforts to expand access to improved sanitation and safe drinking water, to strengthen laboratory capacity and disease surveillance, to improve availability of basic medical supplies for rehydration, and to expand poverty reduction programs. Community Led Total Sanitation and the Integrated Disease Surveillance and Response strategy have created programs that should continue to be supported, strengthened and expanded. Devolution of government services from national to county level presents both opportunities and challenges for cholera prevention and control. Both levels of government have key roles to play, and effective collaboration is necessary for success.

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