(CPK)

THE COMMUNIST
PARTY OF KENYA

PREVENTATIVE CARE IN PUBLIC HEALTH

Lessons from China's Zero COVID Strategy: Scientific Management of society for better outcomes.

WORKSHOP REPORT | JUNE, 2022

CPK Public Health Seminar
Held on Wednesday, 15/June/2022
At the Nairobi Safari Club in Nairobi, Kenya.

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Foreword

By Booker Ngesa

Booker Ngesa Omole is the National Vice Chairperson of The Communist Party of Kenya.

Dear Comrades,

We are heading towards our third year fighting the Covid-19 global pandemic. At this point, most people and governments are trying to cope with the effects of the pandemic; trying to live normally after lockdowns. Despite the vaccines, we have to contend with high inflation levels, disrupted supply chains and increased unemployment on the economic front while the ever looming threat of new mutations and rising new infection keeps the situation unstable. Furthermore, other individual issues are adding to the cost of the pandemic, which is felt through the increased mental health issues, longhaul Covid symptoms, and other unreported issues.

Throughout, we've stood with the Kenyan people and continue to do so, to ensure that Kenyans do not get the raw deal in the midst of this pandemic. Our focus has been to provide alternative thinking on how the government can handle the crisis. These are ideas based on scientific evidence; insights drawn from the way other governments have handled the pandemic and projects based on the outcomes of their policies and actions on the people and their economies in comparison to our people and our economy.

Since the pandemic hit, our contribution to the national conversation and the pandemic was limited to offering alternative thinking in the hopes of steering the government to make decisions and policies that protected the Kenyan workers and provided relief from the effects of the lockdowns. We also spoke out against the dangers of copy-pasting Western solutions, which seemed redundant when it came to solving uniquely African issues. We went in as far as organising demonstrations to highlight the plight of workers who had been rendered jobless and felt unsupported as the pandemic hit its hardest.

As time passes, and with more credible data and insights to draw from, we have to take the next step. We want to offer more tangible solutions and support to stakeholders in order to drive policy and support our levels of preparedness in dealing with the (still) ongoing pandemic to issues and also with dealing with public health in general.

If anything, the pandemic has brought to light the shortcomings and looming dangers of continuing on the path we have been on in the last three or more years.

One of the positives we can draw from having lived through a global pandemic is that we have line-by-line data and a whole socio-economic and political backdrop we can use to draw inspiration and find lessons to determine the course of our public health, and the approach we need to use when making policies and driving conversations around health care in general.

This is our first report on the issue of public health. It incorporates research and expert contributions from presentations and discussed during the CPK workshop held in Nairobi on 15th June, 2022. The report shares what we're seeing in the form of outcomes from two opposing approaches that were users to steer pandemic management policy and general issues of preparedness and preventative approach to healthcare.

The studies, which are drawn from other pandemics besides Covid19 pandemic, offer a rare opportunity to study how our governments have approached pandemics and the healthcare crisis of our time. We drew lessons from China's Zero Covid strategy and the dynamic systems employed by the Chinese government to prevent the disease, contain its spread, and eventual ending of the disease from China.

We invited medical professionals in public health and specialists in preventive care and pandemic management to share their insights and experiences based on these dual approaches and lessons from China. In that, we wanted to find out how Kenya must respond to public health issues going forward.

Based on their input, we see three key issues emerging.

Preparedness: Mobilising resources and technologies during a pandemic is expensive and can cost lives beforewe are ready. However, certain practices will ensure the government and counties are prepared to handle future crises. It means being able to harness the existing infrastructure, technologies and human capacity deployed during this pandemic, and to keep it functioning so that when the next crisis hits, it will not be as devastating or find us so unprepared.

This will involve building and updating our health care and research and response systems, even with our limited budgets. It will require creating a framework that can co-opt existing healthcare systems and infrastructure such as national vaccination and keeping community care workers on the ready to keep Kenya's responsiveness and capabilities on the ready at all times.

Prevention: The cost of healthcare is a burden to many Kenyans. The rising cases of both transmissible and non-communicable diseases makes it an even bigger concern for everyone, not just the patients involved. The government and society needs to start thinking of public health as a cost to the society rather than the individual, because it is exactly that.

This demands a new level of investment in primary care workers and infrastructures for testing and monitoring diseases at the local level in order to catch diseases early and prevent disability.

Furthermore, there is an urgent need to create a regulatory framework to promote preventative approaches to medicine. ***Prevention is better than cure, and by taking steps to deal with known causes such as sugar, environmental issues and food sources, we can mitigate against many of today's diseases.***

Community Participation: Working with the private sector, the public and media and other stakeholders has never been more important to ensure that the solutions for prevention and care, health education and messaging are well received. When parties act in isolation or without proper consultation, there is a high chance that life-saving measures and critical information get rejected or worse, contributes to the rise of misinformation which ferments resistance to preventative and curative measures.

This report includes the plenary discussions and analysis from CPK research initiatives into the China Zero Covid strategy and the subsequent dynamic approach to better understand the connectedness of policy and political dynamics in public health.

Kenyans need to get involved in these matters because public health, among other basic services are a right guaranteed to all Kenyans according to Article 43 of the constitution of Kenya. As such, any progress in improving our public health and transforming medical approach, to include preventative measures means that we must take an honest review of these cases and forge our way and systems for ensuring Kenyans enjoy their provisions.

Based on research and discussions, it is clear that the ideals granted in the Constitution are a long way from being realised.

Our findings and discussions were, however, optimistic that the medical professionals and political advocacy groups can find common ground - by dealing with the problems Kenyans are facing with a combination of the scientific approach - to public health management.

This understanding, combined with the positive outcomes from the intervention strategies for epidemics and disease control using preventative approaches, is a good sign that the wave is shifting towards a more dynamic approach when it comes to public health matters.

As socialists and members of the Communist Party of Kenya, we are proud to present the successful outcomes deployed by socialist countries in contrast with the outcomes from capitalist states clear evidence that all things held constant, we stand to prevail when we work to serve the people.

The undispited conclusion is that policy and intervention decisions designed to improve the outcomes of the people rather than to enrich the capital machine, and the practice of preventative care solely to improve the quality of life for the people is justified because it leads to better results in all aspects, including economic outcomes.

That China had a positive economic growth during the pandemic and saw less infections and deaths in all measures is a celebration and something we can study enthusiastically. Outside policy, the cohesive messaging by the government and levels of preparedness either because of the country's experience during the SARS outbreak or because prevention and eradication were the goal of handling the pandemic.

From these experiences, Kenya has a lot to learn and will have better outcomes if we find the right balance between applying scientific approach to the management of our healthcare policies, and taking preventative medical care for our people.

THE REPORT CONTAINS THREE SECTIONS:

Lessons from China's zero Covid strategy. Our survey was a forty-year journey into the history of handling the four latest pandemics of our time. We useda political lens to look at the HIV/AIDS pandemic of the 80's, the SARS outbreak of 2003, the Ebola Virus Disease of 2014, and the Covid-19 pandemic of 2020.

We looked at how the diseases were framed politically, and how different governments handled the whole issue - with specific focus on preparedness and media handling, which led to either misinformation, stigam and hesitancy. *A 40-year timeframe was long enough to give us a full spectrum view of the contrasting policies, motivations and outcomes.*

Preventative approach in public health care. Here, we took a closer look at convergence between policy and public health and the critical developments that we can take based on our experience and resources. We also heard about the new approaches in preventative medicine. The medical professionals gave a view of medical landscape and their insights on what needs change in order to cope with emerging challenges. *It was clear that, policy-wise, the political arm needs to take charge if we are to reshape and drive a non-capitalist, profit-oriented preventative approach to health care as prescribed in our Constitution.*

Preparedness and way forward. We got a report on the challenges facing medical professionals and the resources or infrastructure in place to deal with emerging diseases and pandemics. The medical professionals offered homegrown solutions that would mirror that of more resource-rich nations, but would be *something* more than what we currently have and gave insights on how we can improve communication and messaging. Once again, it was made clear tha if we are to succeed, emphasis should be given on effective investment of the resources available so that they can serve the problem - and the people - rather than being political showpieces.

Based on the media reception and the responses from the public following this workshop, it is our observation and conclusion that the medical profession and the public are in dire need of solution-based approaches to policy in public health. Furthermore, we are optimistic that the value of our workshops and the proposed framework to mobilise Kenyans around a preventative approach to healthcare has energised a significant portion of the population.

This report will surely continue to challenge the status quo and give value to policy makers, the media and private stakeholders as policies continue to be shaped.

We look forward to continuing to work with the medical professionals and continuing the discussion with stakeholders and the media to raise this awareness.

With thanks,
Comrade Booker Ngesa Omole.
National Deputy Chairperson
The Communist Party of Kenya.

Case study on how to effectively respond to pandemics and diseases.

Politics and political will overwhelm science, systems and levels of preparedness when it comes to diseases.

A forty-year journey on how the two leading economies have responded to diseases and pandemics.
By Grace Musyoka.

Grace Musyoka is a public policy and health researcher and a communications expert.

In the last forty years, the world has seen devastating diseases and undergone pandemics.

A political win.

The first pandemic of our time was HIV and AIDs, which was discovered when a group of healthy males presented with atypical pneumonia - atypical, meaning it was not normal for their age, demographics and all other factors - causing concern. That is when HIV/AIDs disease entered the human population.

Unfortunately, the men who were affected by this disease were mainly gay men. With the disease being discovered in United States of America at a time when the Republican president had sharpened the evangelicals into a politican weapon, there would be no help or kindness afforded to the homosexual community and the rest of the world along with it.

Therefore, the Reagan administration captialized on the disease, calling it the gay-disease, even as it ravaged other communities and groups of people. In fact, from a politically lens, HIV/AIDs was a boon to the conservative administration because it also presented highly among either drug addicts who got it from sharing needles, which was normal at the time, and unfortunately, in black communities.

The stigma of the virus was born.

Fortunately, other countries approached the diesease using science and consideration: working to lessen suffering no matter the sexual orientation or poverty levels of those affected. By then, however, AIDs had spread and it was a pandemic in Africa.

For twenty years, scientists and the medical community spent time and innumerable resources trying to counter the virus that wiped away more than twenty percent of Africa's middle-aged adults and providers. The drain in human capacity, destruction of the family unit and resources left HIV and AIDs the pandemic of our time (in Africa).

A political fight.

In November 2002, another form of atypical pneumonia called severe acute respiratory syndrome (SARS) began spreading rapidly around the world. The epicenter of the outbreak was China, which caused a severe socio-political crisis for the Chinese government as media reports of hesitation with regards to information sharing and action caused rumours to precede any medical and intervention information.

Unlike the USA's response on HIV/AIDs, the Chinese government took the threat of SARS very serious with Premier Wen Jiabao pointing out that *"the health and security of all people, overall state of reform, development, and stability, and China's national interest and international image are at stake."* With that, the Chinese government mobilised a campaign against SARS, which effectively brought the disease under control in June and eliminated all known cases in mid-August, 2004.

The mobilisation efforts saw an overhaul of the Chinese public Health Infrastructure, which successfully dealt with the first pandemic of the twenty first century and also set up the system to address future outbreaks. The decision to take swift action to contain the spread of SARS in a relatively short period of time demonstrates the crucial role that political will (policy) can have on a crisis management. This is because a health pandemic comes with lots of public concerns, social, economic and geo-political issues that must all be managed to ensure a safe intervention and disease control.

What we saw from the Chinese government was that the mass mobilisation efforts effectively brought the disease under control. Moreover, when a new flu-like disease emerged in Wuhan in late 2019, the state response and infrastructure that had been used to contain the SARS outbreak was put into use.

In 2019 and 2020, those structures and systems went into building the government's capability to effectively prevent and contain the new infection and outbreak of the Coronavirus, COVID19. From quarantine hospitals to masking and institutionalising lockdowns, the Chinese government was able to mobilise its entire public health infrastructure to contain and eliminate COVID19 from its population.

This is what came to be known as the Zero COVID Strategy.

A political will.

In early 2014, the Ebola virus had spread undetected in West Africa first in Guinea, then Sierra Leone and Liberia. This was a first for the disease that was typically found in Congo and Zaire. On March 23, 2014, the WHO declared the Ebola Virus Disease, EVD, a pandemic after 49 confirmed cases and 29 deaths.

The disease had spread thanks to weak surveillance systems and poor public health infrastructure that prevented containment and spread in Guinea's bordering countries. Unlike previous outbreaks, EVD moved from isolated, rural areas to the more densely populated urban centres.

In August 2014, the disease had spread to seven more countries, including Italy, Mali, Nigeria, Senegal, Spain, the United Kingdom, and the United States; with secondary infections in healthcare settings in Italy, Mali, Nigeria, and the United States. From then on, a global effort to stop the spread was marshalled and resources were injected to prevent spread in West Africa. **Total quarantine and public health efforts in prevention programs and messaging to address local cultural and traditional practices were instituted on a local and global level.**

By January 2016, Liberia was declared Ebola free following declarations of Ebola-free Sierra Leone* in November 2015 and later, Guinea being declared Ebola-free in June 2016. These interventions ended the Ebola pandemic, two and a half years after the first case was discovered. The outbreak ended with more than 28,600 cases and 11,325 deaths.

While the outbreak follows a normal trajectory of any transmissible disease, the poverty and conflicts in West Africa presented a different response to contain a global outbreak. In this case, resources were deployed by the global community to co-ordinate technical assistance and disease control.

These teams set up surveillance, contact tracing, data management, public health education and quarantine sites to manage the disease.

Because of the rural setting of the initial outbreak and the nature of the EVD, it was easier to contain the disease even months after it had spread and stop it from becoming a global pandemic. The travel restrictions, testing and other preventative measures provided a blueprint on how to address highly transmissible disease to prevent or contain global outbreaks.

Together with the successful containment of the SARS outbreak, the Ebola pandemic of 2014 showed that with the political will to stop the spread and contain the disease, any infectious disease can be managed and contained effectively. Indeed, the medical, scientific and public health efforts seem to fit in effortlessly when the policy resources and political will are driven to contain and stop the spread of the disease.

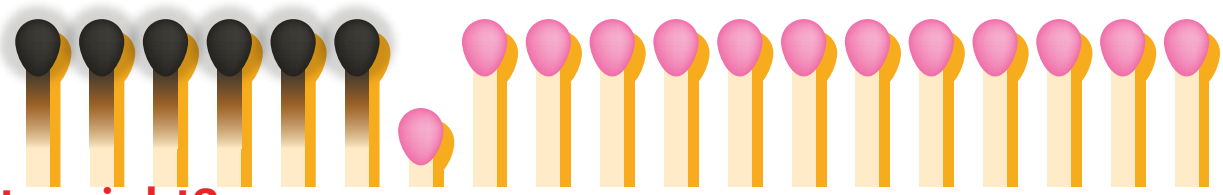
A political framing

After reports that a new SARS-Covid 2 virus had been detected from Wuhan China, the global response was an echo of the political climate of the time. From early 2020, the world - medical, scientific, political - was aware of three things about the disease:

- ***Like SARS, it was airborne with flu-like symptoms:*** *meaning known measures to reduce transmission like washing hands, wearing masks, social distancing and quarantine could be applied.*
- ***With an incubation period of 14 days, asymptomatic patients could spread the disease just as those who showed signs.*** *Therefore, isolation and quarantine of the sick and those who came into contact with positive patients would help containment and prevention. This would ensure the sick did not overwhelm the prevailing medical facilities such as ICU beds or take up space for other sick patients who needed hospitalization and treatment.*
- ***COVID-19 did not affect everyone the same.*** *There were people at higher risk of getting very sick; requiring hospitalisation, need intensive care or ventilator to help them breathe and were more likely to die from the disease. There were older adults (over 65), obese patients and and those with underlying chronic conditions such as diabetes and cardio vascular conditions.*

With this information, the response from China - and other Asian countries - who had suffered the more severe effects of the SARS outbreak responded with immediate action. They moved to prevent the disease from spreading. China introduced lockdowns in places where the virus was detected, implemented strong tracing measures and set-up quarantine hospitals to handle COVID-19 patients.

*New cases were detected in March and April 2016, the final declaration was made on 1, June 2016.



Left or right?

Unlike the East, things took a different trajectory in Europe. Even when the disease was spreading fast and fresh infections were being reported by the hour, there was still a measure of hesitancy to take control and preventative measures for a disease whose symptoms and effects were already known . It was not until Italy, which has a high proportion of older citizens underwent devastating hospitalisation and fatalities, that preventative and containment measures *to slow the curve* were instituted. Unfortunately, even then, the public health information had already been framed to reflect the local (western) political and cultural issues. For example:

- ***The lockdown and quarantine measures taken by China, especially, were reported as draconian measures.*** *This connotation gave them a less than civilised framing, which put off a lot of people and things got worse as the measures moved from Europe where healthcare is socialised to the USA where there is a more hyper-individualised state. Here, lockdowns were framed as an assault to personal freedom.*

- ***The severity of the disease was presented differently to the public.*** *It was played down in some cases or overstated in others based on political positions in order to create a narrative about how to prevent or manage the disease. On one hand, there was the side who equiated the disease as nothing more than the normal, flu-like illness which emboldened the public to flout public health directives or reject them altogether. On the other hand, there were the lockdowns and masking or nothing, which would have worked had the rules been applied uniformly. But they were not and the effects of these strict lockdowns and adherence to public safety protocols had limited impact because it was like a sieve leaking whatever had been preserved.*

- ***The media took sides and promoted their side of the issue causing a split within the country.*** *This turned COVID-19, a disease, into a political issue and its handling and management.*
  It made public health messaging into a political battle, forcing the public and the policy makers to double down on their positions and in the end, made it a divisive issue that lacked coherent attack and management strategy. More than that, science took a secondary seat and was relegated to the 'sides' of the debate.

As a result of these initial framing about COVID, the messaging and reception of the disease shifted from being a conversation about public health to other issues such as personal liberties, the economy and other issues of corruption wih racists undertone and a new stigma.

A zero-sum game

When the disease hit Italy in its devastation on the aged population, it sent shockwaves across the world. Sufficiently, there was urgency and need to contain the disease and prevent rising hospitalisation and death. That is when the West adopted 'draconian' measures that had been deployed by China.

Unfortunately, even with quarantines and lockdowns, the total containment measures were interpreted from a political lense, which influenced how much was too much that balance led to half-measured Zero Covid Strategy. These half-measures lead to the worst health crisis of the twenty-first century in terms of death, health and economic outcomes.

- *Without a coherent national policy, particularly in the United States of America, the public health issue was pushed to the vaccine makers and drug companies, hospitals and different states. This stalled any attempts at prevention or stopping the disease until a vaccine was found; making it the goal.*
- *Science did its best and vaccines were approved within a year. However, because of the disease, vaccines were not enough or did not offer long-term protection or cure, unlike vaccinations in diseases like, say, measles or polio where the breakthrough cases are very mild and very few.*
- *As new variants emerged, the trust in the vaccinations went even lower forcing the government to mandate vaccination for the first time. Even then, vaccine hesitancy remained high - and remains very high - because of everything that went before it.*
- *Without any efforts to manage or prevent COVID19 except through the much awaited vaccine, there was little to no effort made to prevent the disease from becoming less deadly to the vulnerable populations; particularly those with obesity and other chronic - lifestyle - diseases.*
- *As a result, COVID19 continues to be a threat to the majority of the populations in these countries, even the younger ones who are vaccinated and should not be at great risk for hospitalisation because of underlying diseases. Without lifestyle change, for example, the same way the world underwent public education to wear condoms for protection against STIs and HIV/AIDs, those with underlying medical conditions will continue to be at risk despite taking booster shots.*

China’s zero covid strategy explained.

China's zero-COVID policy is an attempt to prevent any community spread of the coronavirus and to get the numbers of infections to zero and then remain at zero.

To achieve this goal the country enacted some measures, implementing a strategy of using strict, targeted lockdowns and mass testing. Those who turn positive are subjected to mandatory quarantine.

This strategy was deployed in two steps:
First, contain existing outbreaks and let them burn out.
Then, stop new outbreaks from entering.

Step one: Suppress the virus.

Step one happens when rising cases of coronavirus infection are detected: the goal is to prevent the infections from rising within the community. It was enforced through lockdowns where everybody stays at home, they test everybody repeatedly, and anyone who has a case they isolate outside the home, while any contact identified from contact tracing is quarantined.

China had already built an infrastructure for testing and containing the virus following the 2003 SARS outbreak. They had built quarantine hospitals and took a very aggressive approach to fully containing and eliminating the SARS virus by investing in labs and medical workers, but also having test kits and deploying civil servants to trace contacts and oversee quarantine. Those who were sick were taken to the isolation and quarantine centres for treatment.

The key difference between China’s response and other lockdows:

- *The decision to go on lockdown was fast and the response was fast and complete. The speed of China’s response meant that lockdowns lasted a few weeks, unlike say in Australia, another country that pursued the zero COVID policy but lasted nine months.*
- *The lockdowns were done in the areas where the disease (infections) were detected. Therefore, life went on normally across the country—which meant that the country avoided not only deaths, but the emotional toll of school closures and other problems caused by isolation.*
- *The lockdowns were complete and total for all citizens: there were no sacred cows or options for anyone to violate the rules of lockdowns and because of constant testing and contact contact tracing, anyone who tested positive or was in contact with an infected person was put on quarantine to stop the spread. This made the lockdowns shorter because the disease ran its cycle within the community and was fully eliminated within five and six weeks.*

Step two: keeping the virus out.

The second phase of the Zero Covid strategy was to stay at zero infections. This is enforced through travel restrictions that are managed in a dynamic way.

- *Entry into China was allowed in specific points where the passengers underwent a series of COVID tests. They took PCR tests seven days from departure, another two days from departure, and a final antigen test before leaving on a direct flight for China.*
- *Upon landing in China, visitors are required to be quarantined for 14 days and tested as often as every day. And while their movement is not limited, those who test positive are moved to either a hospital or an isolation facility.*
- *In all cases, taking the temperature, wearing masks, and contact tracing is part of managing any new cases to ensure those who come into contact with an infected person are tested and isolated.*

Evolution of the zero COVID strategy: a dynamic approach

While the fast response, total lockdown measures worked as they were supposed to: detect and contain the infections by isolating the sick, leading to shorter lockdowns only for the infected communities (cities or provinces), there were marked downsides to the strategy.

Many felt that it was too harsh because it meant quarantining people who are not sick. It also stretched quarantine facilities that became crowded and some ran out of food and amenities like showers.

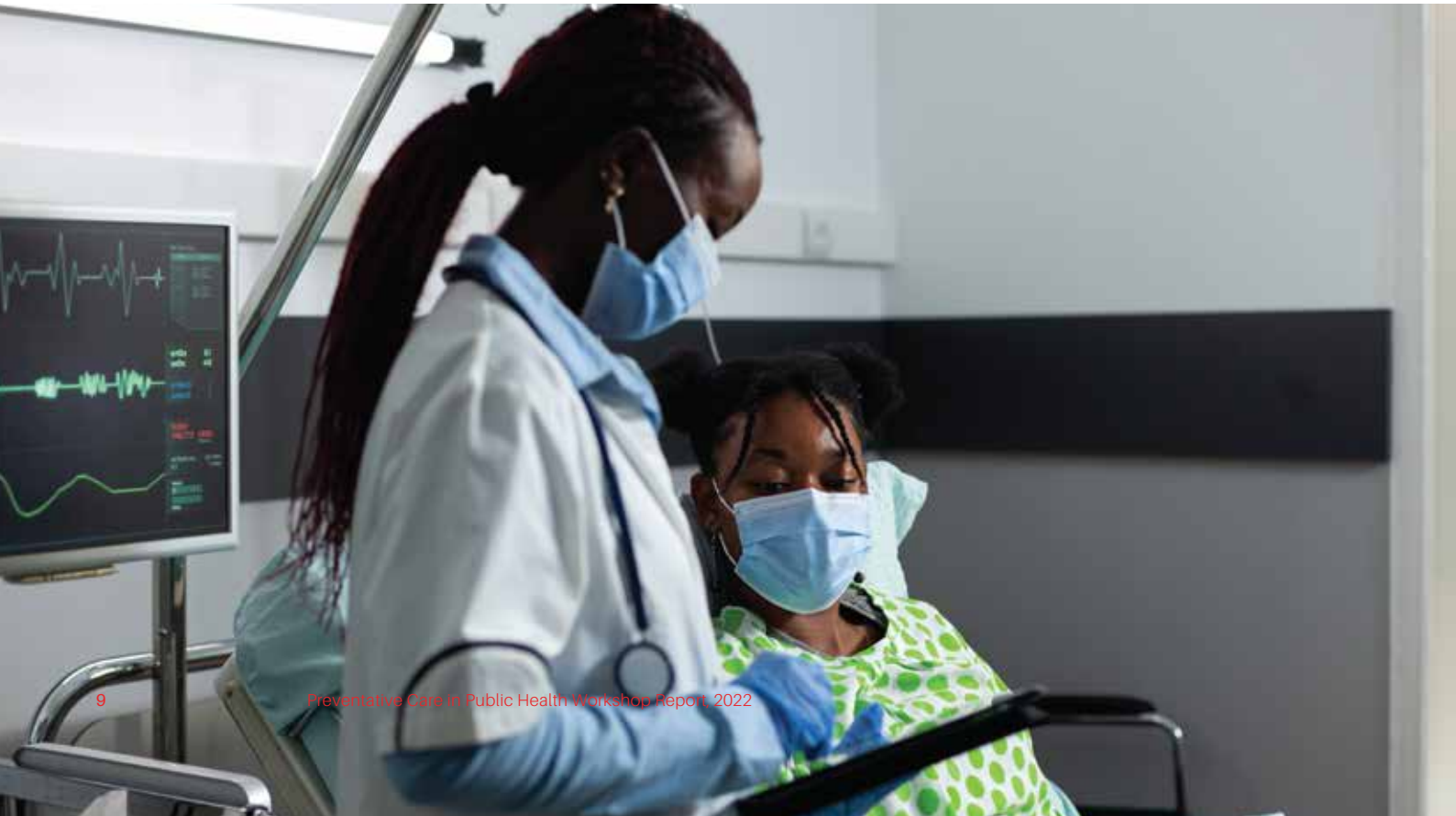
Therefore, by the time the Omicron variant surged, thanks to its high transmission rates, more regions and cities underwent lockdowns. Unfortunately, this was happening post-vaccination and there was marked outcry from the citizens. The media outcry in places like Hongkong was so intense that the WHO issued a statement against these lockdowns.

It was time to re-thinking how to handle lockdowns to accommodate the changing landscape in a country with between 40-60% vaccination rates because those who are vaccinated face lower risks and treatment protocols improve.

In response, China's president, Xi Jinping, has said that while the country can maintain and will maintain the zero COVID strategy for the foreseeable future, the policy has been rebranded "dynamic zero COVID" to acknowledge that COVID cases will still occur.

However the dynamic strategy will be applied, the measures taken will take into account the studies that show that if the country were to end its current lockdown-and-isolate strategy, and instead rely on a patchwork of school and workplace closures as happened in the US, Omicron would kill between 800,000 and 1.6 million people, depending on the effectiveness of those strategies.

All the same, the dynamic strategy accounts for the improved infrastructure and increasing vaccination rates that would allow China to successfully treat COVID outbreaks.



Lessons for Kenya from China's Zero COVID strategy.

Lesson number one: **Under all metrics, the cure and prevention was not worse than the disease.**

In the US, the Right-wing politicians advocated against preventative measures such as lockdowns, quarantine and even masking, arguing that President Trump should not let the cure for COVID19 be worse than the disease because it would lead to a huge economic loss. The anti-lockdown sentiments were so intense that ome politicians even offered the older generations to sacrifice themselves so that the young could live.These statements were picked up by the media and taken by the citizens, leading to a strong movement against lockdowns and masking.

As a result, the country was divided and the division in opinion created a patchwork of interventions or half-measures. These half-measure preventative measures taken by the United States of America and most European countries had worse outcomes than the full measures applied by China. Metric by metric, it is clear that China's application of the Zero COVID Strategy contastrated with the USA's half-measures led to worse outcomes in health and the economy; a clear demonstration that the cure for COVID-19 was not worse than the disease according to these metrics.

The lockdowns in the USA and Europe lasted for months while the lockdown periods in China were measured by weeks. *This had more devastation for businesses and schools - as nobody could plan around any activity since the re-opening period could not be anticipated or projected with accuracy.*
It led to more businesses being shut down due to lack of walk in traffic - many which did not resume even after the pandemic.The long lockdowns led to increased cases of mental health and domestic violence and abuse.

Only China reported a positive economic growth during the lockdowns while the US economy shrunk. *The longer lockdowns led to greater disruptions of the supply chain leading to product shortages still going on today. In China, only the affected cities were under lock down while the rest of the country remained open; business as usual. The poor economic performance contributed to the increasing rates of inflation, high cost of housing and other poor macro-economic indicators in the United States of America and Europe.*

The half measures had a very devastating impact on the health outcomes of the citizens.
If you adjust for population size, there have been around 3 deaths per million people in mainland China compared to about 3,000 deaths in the USA and 2,400 deaths in the UK on 31, April 2022. The total reported cases in the USA are 86.168million as of June 2022 with 1.0089million deaths compared to China's 2.116M reported infections and 14, 622 reported deaths.

With more than two years of data and monitoring, the better outcomes - and management strategy - remain aligned with the zero COVID strategy where the government commits to prevent spread and stop new infections in most effective way possible in order to ensure quick return to normal and reduce the impact of lengthy restrictions, lockdowns and re-infections.

Lesson number two: **Political will is key to positive outcomes in public health measures.**

The shocking response from China's 'radical' lockdowns in Wuhan proved that China's zero-COVID strategy is highly successful at curbing infections. This was done using a structured manner consisting of strict lockdown measures, quarantine, contact tracing, travel restrictions, and mass testing.

We also saw the same response back in 2011 during the Ebola outbreak when president Obama, who was keen not to get Ebola in the West acted fast and decisively to prevent he spread and end the disease. Contrast that to the measures taken in the early '80s by the Reagan adminisration that allowed the spread of HIV and AIDs because it served to push the evangelical narrative that AIDs was a gay disease. It allowed the virus a decade to run free, mutating and devastating the world: with sub-Saharan Africa taking the worst hit.

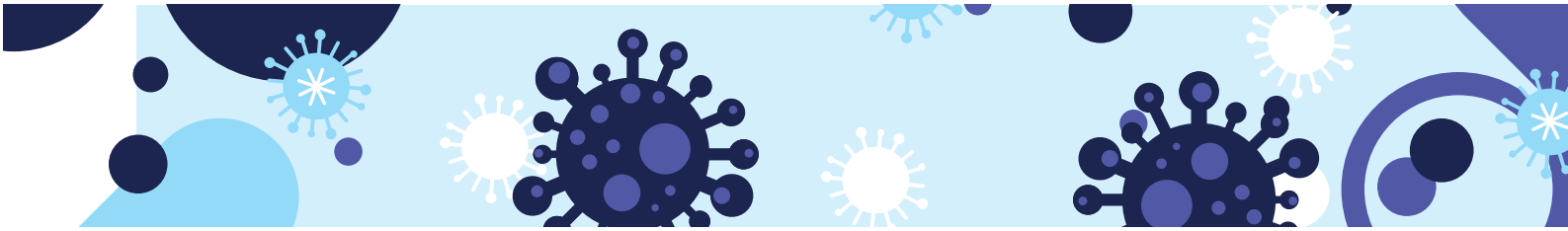
Lesson number three: **When there is profit in public health care matters, the poor will pay the price for laxed enforcement.**

There was an all-round accord where the WHO, the medical professionals, scientists and researchers, and most governments of the world stood in agreement that lockdowns and travel restrictions were the best way to stop the spread, reduce new infections and give doctors time to deal with the sick. Unfortunately, those measures were not well enforced; leading to longer lockdowns, work and school closures and worst of all; being left in quarantine without food and other basic needs.

Had the governments worked in tandem to uniformly enforce the successful strategies implemented during the SARS outbreak, Ebola outbreak and in China's zero Covid strategy, the outcomes would have been quite different indeed.

Citizens in countries like Kenya where the government could not afford to give basic universal income to the citizens under lockdown suffered the most. It led to fatigue and later, refusal to follow those guidelines as more pressing concerns of food and providing for the family took precedence.

Therefore, we need to find a way to balance the way we calibrate solutions in public health to prevent profit motives from overshadowing public health interests. Political decisions on public health should serve the citizens first.



Lesson number four: **Kenya has a long way to go to catch up in terms of preparedness and response.**

China, and most of Asian countries' infrastructure to deal with the COVID19 virus was developed, at least the basics, during the SARS outbreak of 2003. Quarantine hospitals, contact tracing and public safety measures such as masking were already part of the system and the people's culture. When the pandemic hit, it was a matter of mobilising those resources and making upgrades to deal with the unique needs of the new disease.

Kenya's resources during the pandemic went into waste as money was squandered and stolen to make COVID-millionaires. Infrastructure such as ICUs and quarantine centres were not developed and many places are still lacking basic access. Furthermore, simpler measures such as technology-driven contact tracing never came into fruition and lockdowns were mishandled.

There are also concerns about the personnel factor - if there are enough doctors and healthcare workers to handle the crisis. All these issues need to be put in place not only to handle this pandemic or the next, but because there are still other ongoing health issues that would benefit from the investment and donations that were made to support the government's efforts in fighting the pandemic.

Note: More on the specific preparedness for the medical sector will be discussed by the public health professionals who are better equipped to deal with the issue on page 14-18 of this report.

Lesson number five: **Kenya should adopt a scientific approach to public health and disease management**

When it came to policy setting and public education, the Kenyan government would have benefited from the scientific application to decision-making. This would require learning from the available data and monitoring the progress of other countries and their measures in consideration with Kenya's unique factors to make more people-driven decisions on how to handle the pandemic.

Despite this call, we must appreciate how some of the policies, especially in the days were the right call: closure of schools, rules on public transport and lockdowns in specific counties to reduce exposure helped to stop the spread. This decision was lauded by many as being responsive to the needs of Kenyans and also in line with Kenya's unique demographics where a younger population was at less risk than in countries with a more aged population. At the same time, certain rules and policies required a more dynamic review and consideration as more data on the illness and infection rates emerged.

Even then, Kenya could have done better:

First, the government and the healthcare officials remained focused on implementing WHO guidelines on COVID19. This should have been followed by putting in place structures to enforce compliance and deploy resources where they were needed the most to offer social support and provide for the basics. For many Kenyans, the risk of contracting the disease was nullified by the real threat of facing starvation.

Second, as the pandemic progressed, the government should have made provision to open the economy and respond to cases in a more dynamic way. There should have been better efforts at contact tracing and utilisation of community health volunteers and other public health infrastructure to handle cases, rather than uniform application of the laws without consideration. This indiscriminate policy application led to a loss in faith in the public health programs and led to eventual vaccine hesitancy and spread of misinformation. This demonstrates that continuous learning and review of the strategies is important, and the government must be responsive or it will affect communication and efforts to cure the disease down the line.

Lesson number six: **Disease preventative measures leading to lifestyle changes can bring real change in managing the pandemic.**

From the very beginning, it was clear that some members of the population faced higher risk from the disease than others. We learned that nearly 60% of all deaths were from obese people and the rest were people aged 65 and above.

Unfortunately, the public health education was mainly focused on people maintaining social distance, wearing masks and washing hands. During the two years, there should have also been public health education on lifestyle diseases that led to higher risks for being hospitalised as a result of complications from COVID19. Not only would such preventative measures be applied at the opportune time, the urgency and availability of resources to drive change were available.
This was a missed opportunity that continues to be a problem to this day.

With obesity and underlying conditions such as diabetes, hypertension and cardiovascular diseases putting patients at higher risks for hospitalisation, ICU stay, long-term COVID, and death, public education promoting exercise, healthy eating and limiting sugar intake would have had some profound impact on Kenyans who struggle with these diseases whether at risk for COVID19 or not.

The path forward: we must learn from the past pandemics.

Our research on Covid 19 management based ideological leaning shows that the scientific approach to public health management in socialist countries is increasingly more successful and shows better outcomes in all metrics: disease control, health outcomes, economic performance.

For policy makers and Kenya in particular, this is the time to start looking at these success stories and to deploy bold and dynamic solutions and strategies that are more responsive to our socio-economic situations and in line with delivering the constitutional provision for quality health for all citizens.

Decisions on where to deploy resources and how to respond to issues should also evolve as the pandemic shifts or when cures and vaccinations are made available.

The public's trust in the government to put the people first should not be abused: resources, no matter how limited, should be placed where they will be most effective.

These should be bolstered with policies and strategies that promote a preventative approach to health care in order to prevent a total collapse of the healthcare system and to ease the burden of the rising cost of treatment places on the citizens.

While these findings represent solutions that have worked in the past and are working for the current epidemic, the baselines of a strong healthcare infrastructure, medical personnel and resources to handle public health issues are still critical if there is to be any substantive response. The state of our preparedness is lacking and it is up to the government to answer the questions of how resources will be deployed in response to these concerns.

Policy makers should be bold enough to stress-test and rigorously review strategies and solutions passed down from other nations, in order to ensure they fit our situation and can meet the unique needs of Kenyans.

Input and notes from the presentation on the Lessons from China and take-away for Kenya.

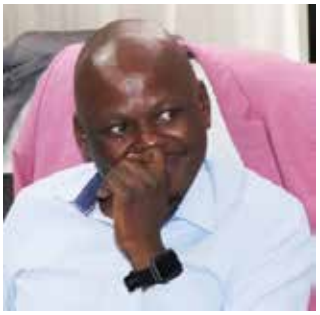
1. **Why is it that the appearance of the virus in Western countries was a wake-up call to take the disease seriously?** Should Kenyans be concerned about reports of repression of information or lack of surveillance systems in our public health care?
2. Misinformation took place from the beginning - to muddy the waters and create confusion in the public. Even worse, our media only reported one side of the story. **Are our journalists able to have more information and report from different sources on their own or shall we expect to continue to consume Western Media story sides?**
3. **Based on the information on our state preparedness and state of hospitals and services given in public hospitals when we visit, it is true that we are not well prepared.** We need to be prepared for the next pandemic so we are not caught off guard. We have addressed three pandemics before and can do better if we can learn from each one and build on it.
4. Unscientific methods for addressing the pandemic really affected the economy, governance and intertwined everything so it became a mess and a multi-sided issue which shifted focus from putting efforts to prevent, contain and stop the disease. **Science should solve scientific problems and we have cases to prove it.**
5. **Prevention is better than cure: 66% of all those who have died from COVID19 were obese patient.** Obesity and other underlying diseases such as diabetes, hypertension and cardiac issues present a big medical cost to Kenyans and also contributed to many deaths as a result of COVID19. How come we did not address that issue of lifestyle change when it has been used to prevent other casuess of diseases and death like flies, bacteria and mosquitoes?
6. **Another issue that we need to address is our air-quality.** We are seeing rising cases of respitatory diseases for people living in places with industries like Pipeline and Industrial areas where diseases like asthma and other health issues have spiked.
7. Propaganda from the Western Media was used to make COVID19 a problem only when it was affecting the west. Same as Ebola. We need to learn to protect ourselves and make our reports about our issues so that they can be addressed before they become a bigger problem. **Suppression of problems facing the people is a huge concern that only serves to prolong suffering and death.**
8. **Kenyans need to send a message that political will is more than willingness to address the issue, it also requires uniform application of the laws and other safety guidelines.** We suffered dearly because enforcement was a mess because of it. For example: Rules not being enforced in a standard manner - not uniform among different classes of citizens - caused rebellion and rejection of lockdown procedures.
9. **Government must take care of its people - copy-pasting rules on lockdowns when people don't have food is a problem.** International relationships help to bring exchange of ideas and provide resources where they are needed.
10. **Pandemics should not be an opportunity to earn or make money** - who is being served from lockdowns and other measures who benefits from the savings?
11. **It is not just facilities that the government and counties need to provide for citizens when it comes to public health or healthcare in general:** things like drugs need to be available. Medical doctors are not available to address the issue - we need more on that.

PROFESSIONAL PANEL.

Dynamic Strategy in Public Health Policy

By

Dr. Ken Soy, MD/MPH, Founder/COO, Imperio Medical.
Dr. Soy is a medical doctor with ten years of experience. He is on journey of learning and service to humankind. From the public hospitals in Kenya, to Ebola treatment centres in Sierra Leone and Liberia, Dr Soy provided volunteer health services in Togo and providing remote medical capability in Nothern Kenya while still being part of a vibrant and growing healthcare team at Imperio Medical.



Dr. Dan Oluoch, MD/Mmed, Public Health and Reproductive health specialist and Resident Specialist In Busia county.
Dr. Oluoch is partner at Plannar healthcare Ltd. and is involved in humanitarian work with international organizaions including AMREF, IRC, MFS, among others

Introduction to this panel

This presentation from the Medical Professional served as a catalyst for discussions aimed at shaping public health policy and we need the political power to learn from it. It will build from the earlier presentation and subsequent discussions to draw the lessons from COVID 19 and other pandemics and discuss how these lessons can be applied in (our) public health policy.

The reason we are having these discussions is because we need to identify what we want as a people; what kind of society we want to live in. That will happen when we come together and agree on how to do things and create a set of national values we can use to structure our public systems and policies. For example, when you look at Rwanda, or China, you can tell what kind of society it is. Rwanda, with all that they have gone through, have managed to build themselves up and make a society and a country they like.

Kenya is challenged in this regard: we seem to move on a whim and never seem to complete our goals. Today we are pro-youth, the next time we are not. We are business and pro-capitalism and the next time we are not. Fortunately, we have a Constitution and today, we are holding this workshop with the Communist Party of Kenya where there is a clear outline and vision of the society we want to build.

As socialist, the Communist Party of Kenya is clear on the kind of society we can become if we put Politics in Command to set the agenda through ideology, policy and let them implement those policies diligently.

To guide our discussions under the socialist ideology, we shall draw inspiration from Chairman Mao Tse-Tung's motto: "Serve the People"
When we look at this motto, we can envision what sort of society and values we would cultivate under the socialist ideology when it comes to our health care:

1 *We would build a society focused on the people because socialism is doing things for the people and we want to do things for the people.*
2 *Service to the people would be for long-term, not a regime whim or for political expediency as it would involve setting plans to deliver for the people and build a strong society.*
3 *The policies and plans would involve taking care of people's food, clothing, health, shelter, education; as Chairman Mao said,* ***take care of the basics and everything else follows.***

In the footsteps of China, forty years ago.

In 1982, the infant death rate had decreased from 200 deaths per 1,000 live births in 1962 to 34 deaths per 1,000 live births. This 20-year progress was made possible by t*he Chinese Barefoot Doctors.*

Chinese Barefoot doctors can be equated to the modern day community health worker or volunteer who ideally should (and in some cases do) form the backbone of any public health system. In 2020, the infant death rate in Kenya was 35* deaths per 1,000 live births.

Today, it sits at 31.7* deaths per 1,000 live births.
** These figures are the official estimate because the numbers do not take into consideration deaths from the villages in rural areas and other settlements where infant deaths are not reported.*

In other words, Kenya is where China was in 1982, forty years behind China when it comes to one of the fundamental issues in public health. However, we are not starting at zero, but the progress made by the Chinese gives us a guideline on how to grow and improve our public health.

These numbers also tell a story: that for change to happen and for China to get where it is at 0.2 deaths for every 1,000 live births as it is today, things started way earlier. Furthermore, the country decided they had to focus on public health and prevention, and this was driven by political will and policies put in place that time.

In our earlier discussions, it does not seem like we have learned much from our experience with COVID-19 and other pandemics before us.

This is primarily from the fact that as of today, we have not increased our capacity to handle these pandemics and the efforts put in handling the pandemics are driven by donors and other external agencies; meaning should that run out as public health funding for HIV/AIDs, vaccinations and Malaria ran out during the pandemic, then the system will collapse and Kenyans will suffer and die for it.

Therefore, we need to do things differently and because we don't have to reinvent the wheel, we can take lessons from our experiences with the current pandemic. We will also draw our discussions from the successful applications by China, who continue to improve and beat milestone after milestone in providing top-notch public health services for their people.

What we need to do differently:

Enhance preventive practice

Most Public Health problems can be solved through simple, cost effective, preventive strategies. When it comes to COVID19, for example, Mask wearing, washing hands, and social distancing was a simple way to prevent the spread of the disease.
In the same way, non-communicable diseases can be prevented through health education and surveillance.
We therefore need to put in place policies to support lifestyle changes e.g. nutritional programs, encourage exercise and promote check-ups.
Such a lifestyle change can be transformative and help combat future pandemics. For example, mask wearing was already common in China after the SARS outbreak and therefore, it became easy to implement the practice when to combat COVID19.

Focus on technology

COVID 19 brought with it numerous advances in technology. Healthtech can help make care delivery more efficient and improve outcomes. Some policy priorities include:
Make health records available through digitization and portability
Use of AI and machine learning for clinical decision support

Increase public participation

Public participation builds trust in health interventions. It is easier for communities to trust systems and processes that they are involved in building. Increased public participation goes a long way to curb cases of misinformation that occur during pandemics especially in superstitious communities

Invest wisely

Kenya should prioritise public spending on interventions that have a wider impact in terms of improving health outcomes for the masses.

For example.
Community health volunteer programs
Primary Healthcare: screening and early treatment
Vaccination programs etc
The government should also prioritise investment in Human Resources, not just on equipment. A good example is the MES program that cost Kenya billions of shillings but ended up being a waste because there were no people to operate the equipment.

Focus on the Environment

Most policies fail to draw a direct link between our environment and conditions of public health concern. This is becoming an increasing challenge for public health, among other issues. For example:
Pollution and climate change are becoming prominent drivers of disease occurrence.
According to experts, global warming will drive 4,000 viruses to spread between mammals, including potentially between animals and humans, for the first time by 2070.
We are seeing the emergence of Urban Leishmaniasis in Africa due to rapid urbanisation and lack of planning.

Widen our social safety net

Having a social protection policy in place can help cushion the masses from the economic impact of public health interventions e.g. quarantine when people were escaping the centres to go home to provide for their families, or because there was no food provided at the centres. Populations that have food security and shelter are more likely to be adherent to even the most "draconian" containment measures.

Priorities that can be implemented to improve public health preparedness for infectious diseases and pandemics in Kenya

From all medical perspectives, China's Zero-COVID strategy was successful

Going by official data, China had managed to maintain a low number of deaths and infections by implementing the China Zero-COVID policy. The efforts to prevent community spread of the coronavirus were enacted through known measures of strict, targeted lockdowns, mass testing and mandatory quarantine for those who tested positive.

From our first discussion, we learned that, adjusted for population size, there has been around three deaths per million people in mainland China, compared with about 3,000 in the US and 2,400 in the UK. Furthermore, China is the only major economy to grow in 2020.

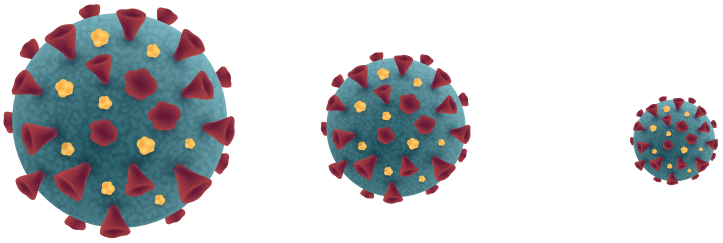
This is not to say there were no challenges in taking this strategy, because there were. For example:

- *The repeated factory and business closures are contributing to the country's slowdown.*
- *There had been almost constant lockdowns, and businesses had to flee from some areas.*
- *Communities that had been locked down complained of inadequate food supplies, medical care, and supplies.*
- *Onerous travel rules and restrictions left migrants separated from their families for months.*
- *Enforcement had been heavy-handed.*

When the outcomes are taken in context, they are favourable and desirable as compared to the outcomes from the strategies deployed by the USA and Europe or even Australia because of the shorter lockdowns, low deaths and targeted closures, rather than the indiscriminate nation-wide closures of schools and businesses we saw in Kenya and most of Europe.

The result of China's zero COVID strategy compels us to study and understand how these measures can be applied in Kenya to combat COVID and other outbreaks while minimising collateral damage.
Having touched on the overarching issues of preventative approach, this discussion focused on the three key issues Kenya should prioritise in order to improve our levels of preparedness.

- *Strengthening community resilience against the effects of epidemics and pandemics through capacity building to enhance Community-Based Surveillance.*
- *Building National Society and County capacity to prepare and respond to epidemic and pandemic threats through Multi-Hazard Contingency Planning and strengthening of One Health Approach Technical Working Groups in the counties of focus.*
- *Promoting private sector, media and other stakeholder engagement in health through sensitizations, Business Continuity Plans spots check and Coordinated Community Voices by media engagement for real-time risk communication and community engagement.*



Additional notes from discussions with the medical panel

1 **We can enhance preventative practice on many more diseases, not just pandemics. For example, the increase in mental health illnesses is a growing concern and we are seeing a spike in non-communicable diseases that have simple, cost effective measures.**

2 **The cost for treatment for individuals is usually higher than the cost of prevention for thousands.** In preventative practice, we promote health to prevent illness and disability. Should illness start, we deal when it is new, not when someone is down (disabled) and they have lost their output, which is a problem for them and the others who rely on them.

Another element of the preventative approach is the reliance on primary care and testing. We promote things like testing because some of those diseases are genetic and when detected on a person, we can check those of their families who may have the disease, e.t.c. This is when we talk about prevention, as it is detected early, and this early detection helps to prevent or delay sickness and reduce disability.

We therefore need to start measuring the cost from a broader point: not just the cost of treatment, as is often the case, but the entire cost to the society - the individual and their output and those dependent on them. Preventative approach replaces individual patients from the primary focus of concern to the entire community. If we get one case, you do heroics of treating and managing those who are at risk - and intervening on the sick to prevent the community or family from developing severe risk.

3 **Simple interventions we can promote through policy and practice include:**
Interventions during pandemics such as - mask wearing, social distancing, lockdowns and handwashing. These were interventions that did not cost much but had a huge impact. We have also had interventions on things like putting mosquito nets to combat malaria and wearing condoms to prevent contracting STIs and HIV/AIDs virus.

For non communicable diseases, we need health education, surveillance systems and to invest in primary care for effective intervention. For example: putting resources to manage diseases lifestyle by promoting public health and conducting health education.

Policies can be used to intervene. For example, sugar in any form is the number one danger for many lifestyle diseases. It is in drinks and snacks. In our time, sugar is a pandemic and contributing to the current pandemic. We need policies that control sugar the same way we have policies that control tobacco or alcohol.

We can also have policies that encourage people to exercise. This is not a simple health campaign, but efforts to make roads safe for pedestrians and cyclists, e.t.c. policies that promote walking and limit driving within certain areas, for example, would work the same way we implemented policies that improved access for persons with disabilities.

4 **We can use technology to leapfrog slow development and improve and modernise our systems to shore Kenya's preparedness and preventative approach in public health.** Technology has proven it works and it was used by China and other countries in contact tracing.

In Kenya, using technology for something as simple as their health record in an app would ensure transferability of that data and prevent loss of information. This is a big problem in our primary and general healthcare because patients don't know how to keep track of their information and were it digitised, we would solve so many problems.

There has been rapid acceleration in tech and it is one way we can improve our outcomes and change the sector using very simple tools.

5 **The diminishing trust between the public and medical professionals is not misplaced.** There is a lot of dysregulation in the field because right now, we don't know how to verify that anyone is accredited to do the work they are supposed to be doing. We need to see improvement in our medical education providers, because even some of the academia are not not regulated and cannot guarantee how they manage. Unfortunately, the public misses all this and have no choice but to take the hand they are dealt because our healthcare is driven by profit motives.

We must always seek to increase public participation. Public health needs to explain to the public why certain policies and interventions are being promoted and how it benefits them.
For example, initially the ebola pandemic was ignored until it became an emergency; which is when resources were mobilised into West Africa. When it happened, the influx of money was confusing to the local populations who woke up to see foreigners coming in and setting up huge structures with incinerators. People did not want to turn up for treatment because they were scared and nobody had explained to them what was going on.

Basically, we need to involve people and invest in the people; because once they understand why they need to do something, they adopt it and it becomes a cultural thing.

Contrast how masks were received differently in China versus in the USA as the perfect example. Without proper public education, the public trust in government dies and interventions to promote good (public) health become impossible to apply.

Another example is vaccine hesitancy. Because there was no public trust and too much pressure to take the vaccines, the resistance heightened. Part of that was to do with class issue where some vaccines were 'better' than others and only available for the rich. This created the perception that there were superior and inferior vaccines.

Another cause of with hesitancy was inabiliy or poor messaging around the fact that vaccines did not prevent infection and the requirement for booster shots. This led to a lot more misinformation. With more participation and health education on breakthrough cases and possibly using the traditional vaccination infrastructure - home visits - where there would be further discussions, the hesitancy would have been lower.

7

Kenya needs to invest wisely when it comes to (public) health matters.
It is not that we have absolutely no resources. It is just that the resources we have not been well utilised.

For example, interventions that have a wider impact when community health volunteer programs are stronger. Like the case of the Chinese barefoot doctors. Unfortunately, a lot of funding was pulled from deserving cases, which destroyed our grassroots infrastructure.

For public health to work, we always start from the grassroots going up. We need primary health interventions: we need screening, blood pressure, sugar screening.

We then diagnize it early on with nutrition and reverse diabetes.
We need to invest in vaccination programs and developing solutions on our own soil so we don't go to buy them.

Prioritise investment in Human Resources for healthcare. *This cannot be overemphasised.*
For example, the MES program where the government bought equipment for counties, but if you go to the hospital today, all that equipment (and money) is lying around because we don't have people to use it. We must first get the people to make it worthwhile before buying.

We must have an understanding of collective choice - how are they going to utilise it and come up with a better outcome. We must look at the situation outside political PR where they only focus on physical things such as buildings and equipment but don't have the people, technology and medicine needed to treat the sick. Technology and medicine can change and improve people rather than buildings.

9

We must widen our social safety net and foster more/better health care in our community and equalise our people in terms of access, or we will not be able to move forward.
Empower people to earn, make independent choices and give them options and pick what works for them. Even with something like health insurance where we have NHIF, there must be considerations for people who are out of employment that need to be supported.

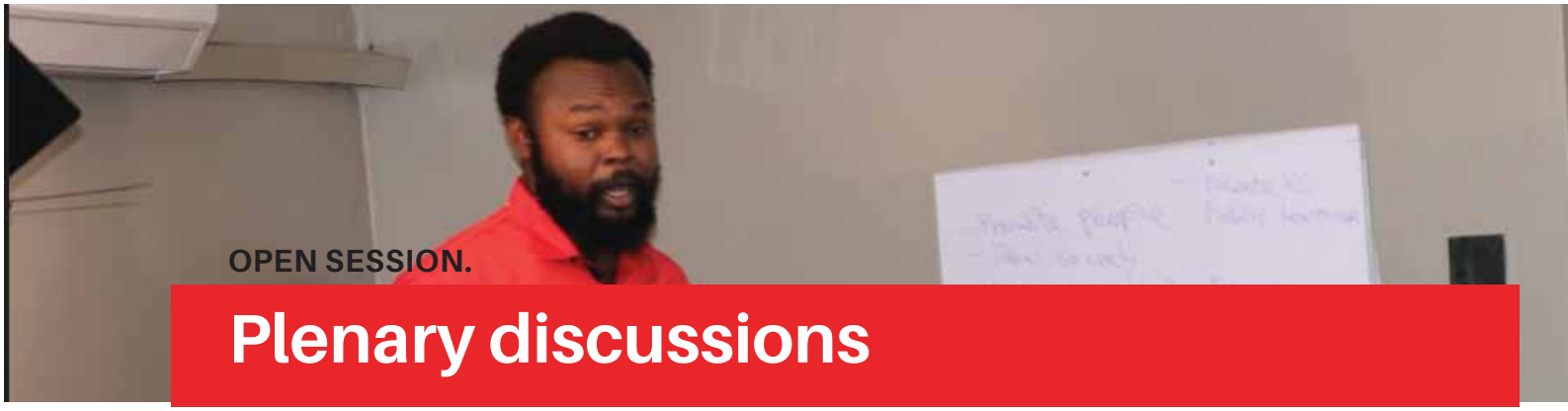
We must take care of people's education, health, shelter and food and everything will fall into place. We won't have people escaping from quarantine because they have no food. We need to provide for people to live: without safety nets, we can't stand those quarantine and isolation measures that we need during pandemics.

10

Environment - if we don't have policies to address the environmental issues we have there is no way to escape the impending catastrophe in public health.
For example, we need to zone settlements and make sure the people who live there are safe.

Climate change - we continue the least to climate change, but are victims who are paying the highest cost. Neglected tropical diseases are coming to urban centres, such as sleeping sickness and bilharzia. Public health focus needs to shift to new and emerging issues.

We need to arrest and reverse climate change and environmental pollution. We have too many pollutants, so we need to intervene where the food is sourced such as where its grown and pesticides and the plastic in our water. To do so, we need to have the capacity to trace them to determine if they are safe for human consumption. Unfortunately, the organisations tasked with tracing are underfunded or funds are diverted from what we need to do.



OPEN SESSION.

Plenary discussions

When it comes to COVID19, there is little debate as to who has succeeded.

The US mangled their handling of the pandemic while policies implemented by the Chinese or Cuban socialist government had better outcomes.

Furthermore, it is clear that in the US and other Western democracies, there were competing interests when it came to handling the pandemic. For example, many used the disaster to make profit. They don't care about human dignity as long as they can make as much money around it. To them, the pandemic was successful. In fact, we have people taking/betting on bonds for the next conference.

What can we, as socialists, first and members of the Communist Party hope to achieve by having these discussions?

To begin with, this is not an internal conference - we want to anchor the infrastructure of a debate on policy in terms of preventive healthcare and to reflect on certain articles of the constitution: Article 10, which actually demands for socialism, and to implement Article 43 of the Constitution to the fullest.
This Article demands that every Kenyan must have decent housing; clean and safe water; adequate and nutritious food; access to the highest standards of health and healthcare; access to social security; and access to education. *We will keep pushing to mobilise around these rights.*

Based on the Constitution, the Kenyan society has reflected upon their future that in our own thinking is more socialist than capitalist in terms of providing services to the public. We are also looking at the current political campaigns to see if there is space to manoeuvre and push for the delivery of the constitution to meet our public health needs.

Unfortunately, right now, we have not been successful because the Azimio block, who are considered more socialists have been more hostile to the CPK and the Kenya Kwanza's value system is based on primitive accumulation of power by consolidating power in a few individuals.

In terms of pandemic, we saw a lot of greed and the disaster that is the capitalist greed:
We saw a lot of people who made money out of COVID19 because of their connections.
They were paid for services not rendered. During the pandemic chinese citizens could not access their vaccine because of big pharma fighting the western origin vaccines.

Secondly, we may not have state power and all ideas come from experience and practice - we are preparing ourselves to become good policy makers.
We will put pressure on the government to put social rights for all.
While there was a lot of anti China propaganda that keeps surfacing in the headlines, the news and negative coverage has been disapproved by these debates and more so, real outcomes.
The systematic failures from the government give us space to come up with legal action against some missteps and to mobilise for change.

The pandemic has helped us to see the shortcomings and crisis of capitalism. What can we do to build a more socialist society and govern based on principles and a value system?

The capitalist system that maintains the profit life of a few people, we should not expect better. It has helped to bring the contradictions.

There are strategies or mechanisms to organise the community with the guidance of the CPK to showcase these contradictions and to bring change within the community. It is important to adopt a mechanism for community-led responses for organising and mobilising communities and groups around the issues of preventative approach and improving the preparedness of our public health systems and policies.

When it comes to community organising, we have an opportunity to educate the people on how COVID19 was used to exploit, and extort the poor and strengthen relations with the imperialist system and Kenyan bourgeois.

The capitalist state does not do things because they are good or in service of the people. They do them out of fear or because they are making a kickback on it.

Therefore, we can organise within the community and one of the things that gears our success, is to continue to win certain things for the masses. For example, if there is police brutality we can challenge, then will make sure the case is presented, we come up with solutions. You win more hearts in the community.

The people are suppressed and wake up to look for food and no time to read... Many communist leaders were winning gains for the people. These things are not necessarily ideologically driven, but they work because they provide the social safety net to help people focus on learning and higher things. Based on the current circumstances of the CPK, our role is to open the debate that would force policy from the top.

The capitalist system has made people dependent: how do you shape people's opinion based on principle? This will surely take time as it is also a generational challenge. Our guiding principles as socialists is that change is a process, and The process is a struggle and the thing that outlives us.

If we narrow ourselves to communism, we will not succeed, for global scale, we must interconnect our struggle. *"I don't see myself living in a communist society - there has been social progress taking place and it is a work in progress. For example, a country like Cuba is a socialist state working towards communism by 2050. We see it as progress towards the society we want." Booker Ngesa.*

To start making a change, we first identify contradictions in society.

We identify contradictions in the society by highlighting who the direct enemy of the Kenyan people is.

Of this we are clear that the enemy are the comprado bourgeois and agents of multinationalism and formulate policies to kill our manufacturing. Unfortunately, there is a collaboration to buy power where they are paid to push those interests and fighting them may not have much impact. ***This is not the ideal time to push for a communist revolution, but a time to build the revolutionaries.***

We identify, classify them then solve those contradictions in key areas ike we have done today on matters of public health.

On issues like urban migration or food security and food sovereignty, it is a matter of identifying the productive forces and how much they are developed: labour, technology, e.t.c. because that is how we revolutionise the system and the country.

For example, how can we improve employment and wages? We look at the production forces of labour and in this case, we can look at the system in terms of who controls the production force in Kenya.

In socialism, it would not matter whether farming was mechanised or not. In all the cases, farmers would earn (be employed) and rural migration would be mitigated as there would be jobs in rural areas. So, our focus as socialist is to show the contradiction in employment, food security and say rural flight by proving or showing that those who produce wealth have no say and those who don't have the say.

Other examples and contradictions include issues of the patriarchy in controlling, say, land, which is the means of production. We can promote and show that true feminism comes when we dent the power that allows the man to dominate a woman. If relationships are only based on who controls wealth and that a woman, say, is in an abusive relationship, they cannot leave that relationship because they will lose their house, their wealth and even children.

We can show the contradiction here by promoting a more socialist approach where the relationship is not materialistic but pure. That the woman is free to leave a relationship because she will be taken care of by the state and her happiness and worth is not dependent on her being the wife of a relationship she does not want.

Therefore, we start by showing how capitalism perpetuates the problems in our society and then showcase and mobilise the society around socialism as the solution that will bring change we need to build the society we want.

How do we mobilise?

To mobilise, we use propaganda and agitation: Agipro. Here is how it works:
First, we pick an issue and bring out agitation and inspire hope. For example, we can use an incident to inspire anger and hate in the capitalist system. The difference between the two is that propaganda is written, agitation is open mic.

Second, we know that we will never mobilise without organising. As CPK, we learn that we must always organise before mobilisation because that will ensure that the event takes place.

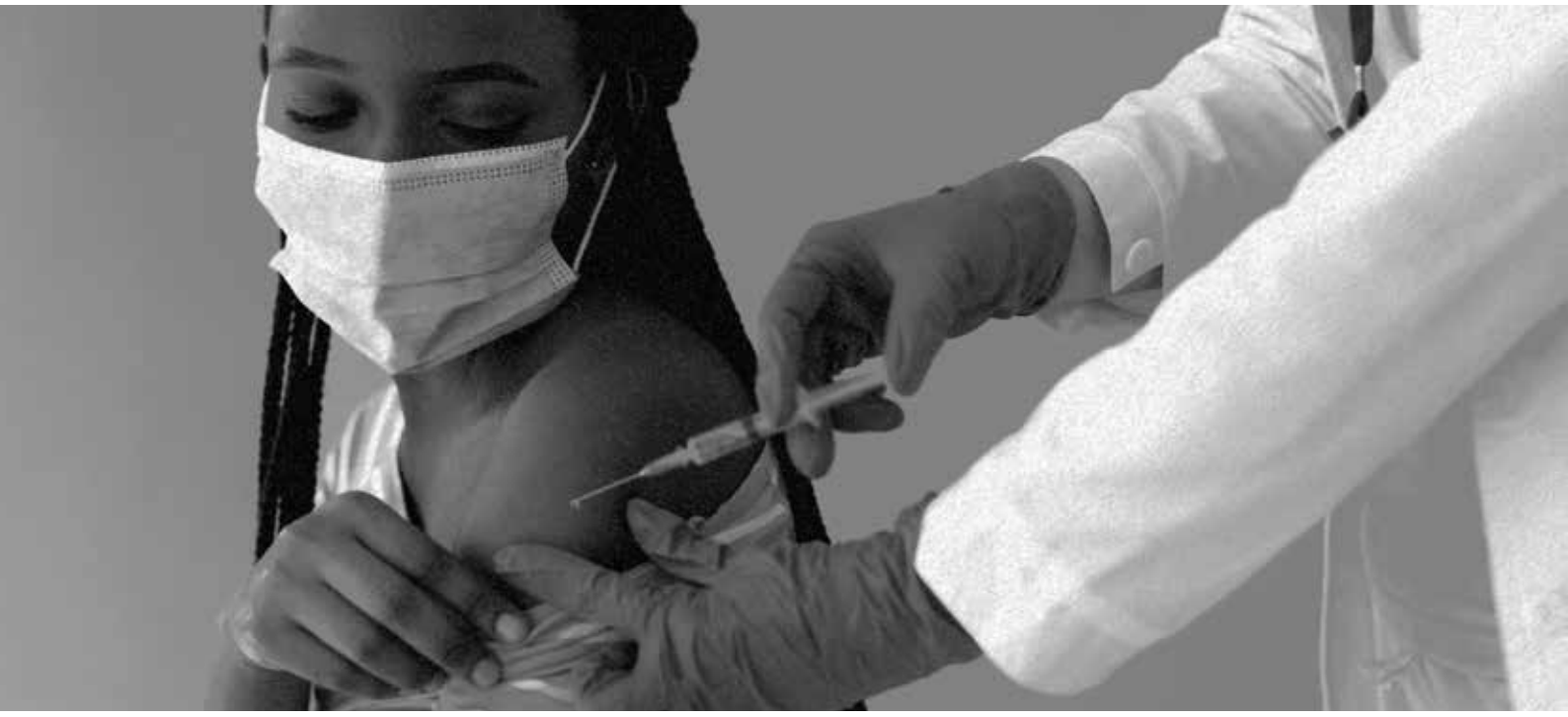
What is the take away from this event?

Socialism is an inevitable reality we must adjust to. To bring change, we must make sure people have social gains. But we cannot bring social justice without emancipating the material reality of our people; because without money, you cannot own it. Therefore, there must be true congruence on what is in our heads and the material world.
When it comes to the media as communists, we have made it very clear that we are biassed and will promote socialism as the answer.

While there is no specific formula for handling the media, there are strategies we use to get access. For example, there was a gap in the mainstream media after the handshake between ODM and President Kenyatta which gave us an opportunity to provide alternative views in the media since there was technically no opposition party. However, such opportunities are not long lasting, but when we get them, we use them to make an impact.

In the revolution, there are ways to approach the media and to work with the government because the government can defund and intimidate you. There is a reason we have young Communists in this meeting: the old guard were subjected to these intimidation tactics. Some were killed, defunded and bankrupted, making it impractical to organise within the country. So, we learn from them and also work and remain ready to embrace the opportunities that come our way.

When it comes to the health sector, the biggest problem is that the ability to treat people has been commoditized. That is why we are not getting people ready to front the preventive approach as opposed to curative treatments. As long as private care is privately driven, it will belong to capitalists. As long as the private care is private, there will always be a customer. We firmly believe we must have a publicly funded healthcare system.



PRESS RELEASE.

Kenya should adapt preventive healthcare practices to ease the strain on our healthcare systems.

When it comes to dealing with pandemics and diseases, Kenya can learn from China's zero COVID strategy that shows better outcomes in terms of deaths, hospitalisation, and the economy.

Press Release
For Immediate Release:

Wednesday, 15 June, 2022.
Contact: info@thecommunistpartyofkenya.org
Sefu Sani: 0721 910 280
Nairobi, 15 June, 2022

-- The Communist Party of Kenya, a socialist and Leftist Party in Kenya led a conversation around preventative healthcare approaches in public health. Leading a stakeholder workshop today, the party hosted leading doctors and policy researchers in public health and medical doctors who have been in the forefront fighting pandemics such as Ebola and COVID 19, and are involved in public health management.

The workshop came up with a national framework to help medical professionals, policy makers and other stakeholders to discuss ways of improving Kenya's preparedness and capacity in handling public health through a preventative approach.

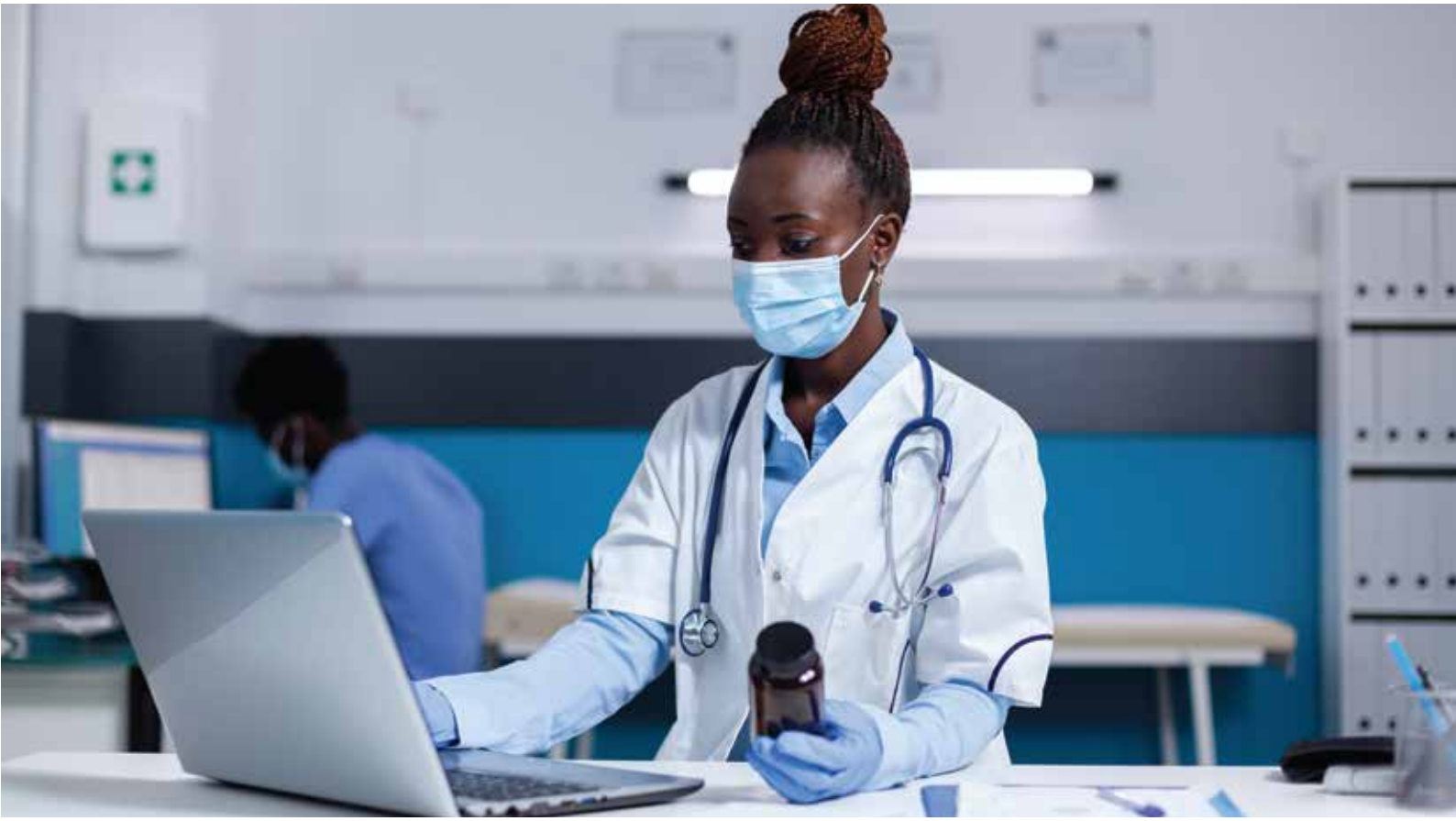
Medical experts, led by Dr. Kennedy Soy, MD/MPH, a medical doctor and co-founder at Empirio Medical who worked in Ebola treatment centres in Sierra Leone and Liberia presented on the issues that medical practitioners and health care workers would like to see implemented to drive preventive healthcare.

"One of the biggest challenges we have in Kenya is that, unlike countries like China that had resources and infrastructures from SARS that were mobilised to respond to COVID-19, we don't seem to have learned from the current pandemic to respond very effectively to the next one. This is a very dangerous policy and state of things to find ourselves in when you consider there are an estimated 4,000 viruses that will cross the human-animal barrier in the next fifty years. Therefore, we want different stakeholders to come together to catalyse these discussions in promoting public health so that we can enhance overall capacity."

The workshop, which started by drawing parallels and lessons from China's Zero COVID strategy, was able to demonstrate the impact of policy and political will to drive public health. According to Grace Musyoka, a healthcare Researcher and Communications expert, the desirable outcomes in lower hospitalisation, lower deaths and shorter lockdown periods without shutting the entire country can be attributed to the way the Chinese government responded to the crisis.

"By all measures, China's Zero COVID Strategy led to better outcomes for the people and managed to maintain a low number of deaths and infections. If you adjust for population size, there have been around three deaths per million people in mainland China, compared with about 3,000 in the US and 2,400 in the UK."

The workshop explored the reasons behind China's successes as follows: China and most Asian countries had existing infrastructure from the previous SARS epidemic and had developed a highly responsive contact tracing system.China also had built quarantine hospitals and had experience when it came to mobilising its medical personnel and local government to respond to the crisis in a fast and efficient manner.



Demonstratively, the whole system was so well managed that nothing passed through physical, medical and technological systems that were instituted to stop the spread of COVID19.

As a result of this effective strategy, China had shorter lockdowns - average five weeks - and never closed the entire country. China's economy recorded positive growth during the pandemic; completing a trifecta of positive outcomes for its strategy: economic, health and responsive. The successful outcomes of the strategy can be specifically attributed to political will, system preparedness and scientific management of the crisis.

Dr. Dan Oluoch, MD/Mmed, a Doctor and a Resident Specialist in Busia County is a Preventative and Pandemic Researcher and a reproductive Health Specialist who has also been involved in humanitarian work with AMREF, IRC, MSF, among other organisations spoke about the need to involve the private sector and the public in preventative approach to healthcare.

"The success from China's Zero COVID strategy shows that it is not just the government effort that is needed. There is a need to coordinate community voices in media engagement for real time risk communication and community engagement. Efforts should be made to promote private sector, media and other stakeholder engagement on public health matters and beefing coordinated community voices in media engagement for real-time risk communication and improved community engagement."

Booker Ngesa, the national vice chairperson for the CPK reiterated the urgency for using scientific approach in policy making and promoting preventive care management in our country's public health. He reminded Kenyans that public health is a public affair and a socialist issue that is guaranteed in our constitution.

"Kenyans must demand for the realisation of our National Values and Principles of Governance as espoused in Article 10 of our Constitution which actually demands for socialism. Kenya needs to implement Article 43 of the Constitution to the fullest. This Article demands that every Kenyan must have decent housing; clean and safe water; adequate and nutritious food; access to the highest standards of health and healthcare; access to social security; and access to education."

While pointing to the presence of Cuban Doctors, who are in Kenya to help the country in handling the crisis, he urged Kenyans to learn from this country who have managed to grow their resilience and response to the healthcare crisis despite the economic, financial and commercial blockade that has been imposed on it for over 50 years by the World's biggest imperialist power, the United States of America.

"We must enhance preventative practice for mental health, non-communicable diseases such as cancer, diabetes and asthma that can be addressed using simple, cost effective measures such as cutting sugar, doing exercises and improving capacity of primary care workers and community health volunteers. We need to look at cost from a broader point of the cost to society in order to detect early and reduce prevention," Booker added.

... PRESS RELEASE

At the end of the workshop, the Communist Party of Kenya resolved to push for:

1 **Effective use of resources invested in primary care.**

2 **Policies that will put resources to manage emerging lifestyle diseases.** For example, sugar in any form is the number one danger for our health. We need policies that control it as much as we have policies that control tobacco, or the way we have labels that show the side effects of beer, which can only come from the political side of things.

3 **Policies that encourage lifestyle change and encourage people to exercise** for example, making roads safer for pedestrians and cyclists, public parks for running and exercise, e.t.c.

4 **To effectively utilise technology** - the way China and many Asian countries used smartphones in contact tracing - within legal provisions. Technology can help Kenya make amazing steps in public health because it will make things easier. For example, record keeping to populate patient information can improve disease diagnosis, save costs for medical tests and improve patient care.

5 **Rebuild public trust in the medical field by tightening regulations and conducting medical education.** This will be achieved by increasing public participation and community mobilisation on public health issues, safety matters and even on policies being developed.

6 **Invest wisely - we don't have absolutely no resources. The resources just need to be utilised properly: to pay for interventions that have wider impact in the community.** To improve public health using a preventative approach, we need primary health interventions and investments in screening for diseases, blood pressure, diabetes, cancer screening so that doctors can make early diagnosis and take action. We also need to invest in our own research and vaccination programs and systems that can be utilised to address existing and future public health issues.

7 **Prioritise investment in Human Resources for healthcare rather than overemphasising on purchasing equipment.** For example, the MES program where equipment was bought but lacked qualified people to operate them, or when politicians focus on building large hospital blocks when there are no doctors or medicine is a waste of resources.

8 **Consider environmental issues as part of public health preventive measures.** If we don't have policies to address the environmental issues we are facing, our public health will continue to deteriorate. For example, we need to zone settlements and make sure the people who live there are safe. When it comes to climate change, Kenyans and most of Africa are victims, and yet we are paying the highest cost.

We need to arrest and reverse climate change and environmental pollution. We have too many pollutants, so we need to intervene where the food is sourced such as where its grown and pesticides and viazi - can we trace them and say they are safe? Organisations tasked with racing are underfunded or diverted from what we need to do. Our water and micro and nano plastics.

About The Communist Party of Kenya.

The Communist Party of Kenya (CPK) is a political party registered in accordance with the Constitution of Kenya and Political Party's Act of 2011.

CPK is committed to uniting all Kenyans irrespective of their ethnic groups, class, gender and age to work for an alternative society away from the present unjust system; towards a society that realises the freedoms, human rights and development of each and all. This society is the vision and mission of the majority of Kenyans and its values are defined in article 10 of the Constitution of Kenya.

CPK is a vanguard Party, as well as a mass organisation guided by the ideology of Marxism - Leninism and its application based on the historical and material conditions of Kenya and the World around us. The Party is a people's organisation, its paramount interest are the interests of the broadest masses of the people.

Membership is open to workers, peasants and farmers, intellectuals, artists, students, professionals and all Kenyans above the age of 18 who agree with the ideology of the Party.

About this Report

Led by our policy researchers and medical professionals specialising in public health and preventative medicine, CPK members and journalists participated in a policy mobilisation discussion during a workshop on Public Health. The theme of the workshop: Lessons from China's Zero Policy: scientific management of society for better outcomes.

During the workshop, the speakers shared their experiences from their respective medical practice and journey on the preparedness and policy challenges; building on the discussions and understanding from the case studies of successful interventions in public health and pandemics.

This was a very dynamic discussion that considered the state of Kenya's preparedness and approach to preventative medicine and the shortcomings within the system.
The workshop, which was moderated, allowed for in-presentation discussion and input from the room. This made the discussions very dynamic and the capable presenters were able to loop in responses that enriched the discussions and provided references for the attendees and the media.

The workshop concluded with a two-hour plenary session that put things in perspective from the party's ideology and a challenge on how to influence future policy and issues in public health, pandemic preparedness and preventative medicine going forward.

For permission to print or interview about this work,
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(CPK)

THE COMMUNIST
PARTY OF KENYA

PREVENTATIVE CARE IN PUBLIC HEALTH

Lessons from China's Zero COVID Strategy: Scientific Management of society for better outcomes.

WORKSHOP REPORT | JUNE, 2022

CPK Public Health Seminar
Held on Wednesday, 15/June/2022
At the Nairobi Safari Club in Nairobi, Kenya.

(CPK)
THE COMMUNIST PARTY OF KENYA