

Statement of Interest

Advancing Global Health Annual Program Statement

Funding Opportunity Number: DFOP0017890

Addendum: Rapid Outbreak Response

Submitted by: East Africa Health Systems Collaborative (EAHSC) **Date of Submission:** May 2026 **Submission Window:** Window 1 (Due: May 31, 2026, 11:59 PM ET) **Submitted via:** MyGrants

Table of Critical Details

Field	Detail
Proposed Project Title	Kenya Surge Capacity and Rapid Outbreak Response (KSC-ROR) Initiative
Name of Organization	East Africa Health Systems Collaborative (EAHSC)
Addendum Responding To	Rapid Outbreak Response
Target Benefiting Country	Republic of Kenya
Total Federal Share Requested	\$28,500,000
Total Cost Share	N/A
Project Length	5 years

Applicant Organization Information

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www.eahsc.org UEI: MXKJ7TQ2PNA5 SAM.gov Registration: Active (expires February 2027)
EIN: 52-1874930

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Issue / Challenge / Opportunity

Kenya's December 2025 bilateral Cooperation Framework with the United States commits both governments to a national outbreak detection and response system operating at the 7-1-7 standard: detect within seven days, notify within one day, initiate response within seven days. This directly mirrors the America First Global Health Strategy's Goal 1 (detect outbreaks with epidemic potential within seven days of emergence) and Goal 2 (contain outbreaks originating outside the United States rapidly at their source). The policy alignment between the Cooperation Framework and the Strategy is precise. The operational capacity to deliver on it is not.

The Kenya National Public Health Institute (KNPHI), designated as the lead institution for national surveillance and outbreak response, is not yet fully operationalized. The Cooperation Framework itself identifies a funding gap for surge personnel, supplies, equipment, and materials immediately accessible to meet the 7-1-7 metric. It also calls for the establishment of 10 KNPHI regional hubs and 20 County Emergency Operations Centers, structures that remain incomplete.

Three specific gaps define Kenya's exposure. First, incident command and surge coordination at the county level is uneven across Kenya's 47 counties. The counties most likely to face zoonotic spillover, concentrated in the Rift Valley livestock zones, the Lake Victoria basin, and the northern border corridor with Ethiopia and Somalia, rank among the least prepared. Second, the Integrated Specimen Referral System (ISRS) for transporting specimens from peripheral facilities to regional and national laboratories has significant coverage gaps in at least 15 counties. Third, the community-based surveillance system lacks sufficient trained, active networks to trigger formal notification within the 7-1-7 window.

These gaps compound. During the 2023 Rift Valley Fever event in Garissa County, where EAHSC provided direct surge support, 11 days elapsed between the first community-level symptom cluster and formal KNPHI notification. Fragmented specimen transport, no pre-positioned response team, and no structured community sentinel reporting all contributed to that delay.

The ROR Addendum provides the financing mechanism for the surge capacity that Kenya's Cooperation Framework acknowledges is missing. An implementing partner with existing relationships across Kenya's public health system, established logistics infrastructure, and a demonstrated record of outbreak response can close these gaps now, while building toward the self-reliant national system the Cooperation Framework targets by 2030.

Proposed Solution / Activities

Organizational Capacity

EAHSC is a U.S.-registered nonprofit (District of Columbia, 2013) with a Nairobi-based operational headquarters and 12 years of implementation experience across Kenya, Uganda, and Tanzania. EAHSC maintains memoranda of understanding with Kenya's Ministry of Health and the KNPHI, pre-qualified procurement relationships with three international medical supply chains, and a Kenya-based staff roster of 140 outbreak response specialists.

EAHSC provided direct surge support during the COVID-19 response (2020-2022), the 2022 mpox outbreak in Nairobi, and the 2023 Rift Valley Fever event in Garissa County. Over the past eight years, the organization has administered six U.S. Government-funded awards exceeding \$5 million each, including a current USAID Indefinite Delivery Indefinite Quantity award for health systems strengthening in East Africa. All awards have received clean audits.

Project Overview

The KSC-ROR Initiative will operate across four interconnected activity streams mapped to the ROR Addendum's objectives. All activities will execute under KNPHI authority. No parallel structures will be created. Full transition to Kenyan domestic capacity is built into the design by year five, consistent with the Cooperation Framework's self-reliance commitments and the America First Global Health Strategy's emphasis on reducing dependency on U.S. funding.

Stream 1: Pre-Positioned Surge Response Capacity (Objective 1: Rapid Activation and Surge Response)

EAHSC will establish and maintain four Rapid Response Teams (RRTs) capable of deploying within 48 hours to any of Kenya's 47 counties. Each team will include one incident commander, two field epidemiologists, one laboratory specialist, one logistics coordinator, one risk communications officer, and two community liaison workers. Teams will be based in Nairobi, Kisumu, Mombasa, and Eldoret, covering the Lake Victoria basin, the Rift Valley livestock zones, and the northern border corridor.

Pre-positioned supply caches at each hub will include personal protective equipment, rapid diagnostic tests for 12 priority pathogens, specimen collection kits, and secure communication

equipment. Caches will be replenished quarterly and audited against KNPHI-approved stocklist standards. During the project's first 90 days, EAHSC will complete a deployment readiness exercise for each team in coordination with KNPHI. By year two, all four teams will have participated in at least two live deployment events or full-scale exercises. By year four, EAHSC will begin transitioning team leadership roles to KNPHI-employed staff, completing the handover by project close.

Stream 2: County Emergency Operations Center Activation and Surge Support (Objectives 1 and 3: Rapid Activation; Coordinated and Operationally Effective Response)

EAHSC will provide deployable EOC support to 20 counties prioritized by KNPHI, beginning with the six counties with the highest historic outbreak frequency (Garissa, Turkana, Kilifi, Narok, Marsabit, and West Pokot) and expanding to 14 counties along major trade and migration corridors.

Support will cover EOC activation protocols aligned with KNPHI's Incident Command System framework, incident command training for county health management teams (minimum 40 trained personnel per county per year), data integration with the National Public Health Intelligence Information System (NPHIIS) and All Disease Outbreak Module (ADAM), and tabletop exercises conducted twice per year per county. EAHSC staff will embed in each county EOC for the first six months of activation, then transition to remote advisory support. By the end of year three, county EOC teams will manage activations independently.

Stream 3: Specimen Transport Acceleration and Laboratory Surge Support (Objective 2: Early Detection, Containment, and Mitigation)

EAHSC will close the ISRS coverage gap in 15 counties currently unserved by the integrated referral system. Implementation will use contracted motorcycle courier services with cold-chain packaging and GPS tracking, integrated with Kenya's existing laboratory information management infrastructure and ISRS reporting protocols.

Courier network management will be contracted to Maisha Laboratory Solutions Ltd., a Kenyan-owned firm currently operating specimen courier networks in 22 counties under a Kenya Medical Supplies Authority (KEMSA) contract. Standing surge agreements with three regional courier firms will enable 24-hour capacity expansion during declared outbreak events. All transport routes and performance data will flow through the ISRS dashboard accessible to KNPHI and county health management teams.

EAHSC maintains a roster of 30 contracted laboratory specialists deployable to support overwhelmed county or regional labs during the acute phase of an outbreak. All deployments require KNPHI authorization and coordinate with county laboratory leadership. By year three,

specimen transport in all 15 newly served counties will average under 48 hours from peripheral facility to regional laboratory.

Stream 4: Community Surveillance Network and One Health Integration (Objectives 2 and 4: Early Detection; System Reinforcement and Transition)

EAHSC will work with county health departments to train and supervise 2,400 community health promoters (CHPs) across 20 counties as active surveillance sentinels, fully integrated into Kenya's Electronic Community Health Information System (eCHIS). Training will cover disease recognition thresholds for 12 priority pathogens, mobile reporting protocols using the eCHIS platform, and escalation procedures aligned with the 7-1-7 notification requirement.

Training design and delivery will be led by Community Health Empowerment Africa (CHEA), a Kenyan NGO with 11 years of CHP programming experience and current Ministry of Health contracts in eight counties. All training materials will meet KNPPI standards. Supervisory structures will use existing county community health unit frameworks.

In eight counties with high livestock-human interface risk (including Narok, Laikipia, Kajiado, and Garissa), EAHSC will establish a One Health coordination mechanism linking CHPs with county veterinary officers and Kenya Wildlife Service rangers to detect cross-species transmission signals before they enter the formal human health reporting system. This aligns with the Cooperation Framework's multi-sectoral data integration commitment and the America First Global Health Strategy's recognition that zoonotic diseases present a significant outbreak risk. All data will feed into NPHIIS through defined reporting pathways.

By year five, the community surveillance network will be fully absorbed into Kenya's domestic CHP governance structure, with KNPPI and county governments funding supervisory costs through co-investment commitments in the Cooperation Framework.

Anticipated Outcomes and Results

Success is defined against the 7-1-7 standard and the Cooperation Framework's performance indicators. All outcomes advance the America First Global Health Strategy's Goals 1 and 2 and protect American populations by containing outbreaks at source before cross-border spread.

Milestone	Timeline
All four Rapid Response Teams at full operational readiness	Year 1, Quarter 2
20 county EOCs operational, activating in 12 hours of trigger	Year 2
2,400 CHPs trained and reporting through eCHIS across 20 counties	Year 2

Milestone	Timeline
One Health coordination active in 8 high-risk counties	Year 2, Quarter 3
Specimen transport in 15 new counties averaging under 48 hours	Year 3
90% of outbreak exercises meet 7-1-7 detection & notification standard	Year 4
Full transition of community surveillance and EOC support to KNPHI/county authority	Year 5

All outcomes will be measured through existing Kenya health data systems (NPHIIS, eCHIS, ISRS), consistent with the Data Sharing Agreement between the U.S. and Kenyan governments. No parallel reporting systems will be created.

Partner Roles and Responsibilities

Primary Government Counterpart (Non-Subrecipient)

Kenya National Public Health Institute (KNPHI) Contact: Director General, KNPHI Phone: +254 (20) 272-7778 All surge deployment decisions require KNPHI authorization. EAHSC operates at KNPHI direction during declared outbreak events. Federal share: \$0 (government counterpart).

Subrecipient 1: Maisha Laboratory Solutions Ltd.

Kenyan-registered firm. Kipande House, Kipande Road, Westlands, Nairobi. Contact: Mr. James Mwenda Kariuki, Managing Director jmkariuki@maishalab.co.ke | +254 (722) 555-0241 Federal share: \$4,200,000 over five years. Roles: Specimen transport network management across 15 unserved counties; laboratory surge staffing roster management; cold-chain procurement and compliance. Maisha operates courier networks in 22 counties under a KEMSA contract and holds ISO 15189 accreditation for its Nairobi processing facility.

Subrecipient 2: Community Health Empowerment Africa (CHEA)

Kenyan NGO, NGO Coordination Board Registration No. OP.218/051/2014/07931. Kilimani Business Centre, Argwings Kodhek Road, Nairobi. Contact: Ms. Grace Achieng Oloo, Executive Director gaoloo@cheafrica.org | +254 (733) 555-0094 Federal share: \$3,100,000 over five years. Roles: Community health promoter training design and delivery; eCHIS integration support; ongoing supervisory structure for the community surveillance network across 20 counties. CHEA implements CHP programming in eight counties under a Kenya Ministry of Health contract.

Non-Funded Academic Partner: University of Nairobi School of Public Health

Contact: Prof. Daniel Njoroge Kamau, Dean | dnkamau@uonbi.ac.ke Role: Technical oversight of One Health integration; co-authorship of outbreak after-action reports consistent with Kenya's Data Sharing Agreement publication requirements.

Alignment with ROR Addendum Guiding Principles

Speed and Operational Readiness. Pre-positioned teams with standing supply caches and pre-authorized courier surge contracts eliminate procurement delays that most commonly extend outbreak response timelines past the 7-1-7 window.

Country Ownership and Sovereignty. All activities execute under KNPPI authority. County EOC support transitions to full county management by year three. Community surveillance integrates into eCHIS, Kenya's national platform.

Targeted, High-Impact Use of Resources. The project addresses three documented gaps with direct causal links to 7-1-7 performance failure, not broad capacity building without a defined operational target.

Risk-Based and Evidence-Informed Decision Making. County prioritization uses KNPPI's outbreak frequency data and risk corridor mapping. One Health integration targets counties with documented livestock-human interface exposure.

Sustainability and Transition. Transition timelines are embedded from year one. By project close, KNPPI and county governments absorb all core functions through co-investment commitments already enumerated in the Cooperation Framework. This reduces long-term dependency on U.S. funding, consistent with the America First Global Health Strategy.

This Statement of Interest is submitted in response to the Rapid Outbreak Response Addendum under Funding Opportunity Number DFOP0017890. EAHSC confirms that all information provided is accurate and that the organization is not listed on the Excluded Parties List in SAM.gov and has no current debt to the U.S. Government.

Authorized Signature: Dr. Patricia Wanjiku Mwangi, Executive Director, EAHSC