

Securitising Health: An Ethnographic Study of Community Health Workers and Disease Surveillance in Kenya, 2004

Background:

In 2004, pandemic preparedness in Kenya became increasingly framed as a national security issue, a process known as securitisation. This shift integrated community health workers (CHWs) into emerging disease surveillance architectures, yet the everyday implications of this biopolitical integration within the Kenyan context were not well documented.

Purpose and objectives:

This ethnographic study aimed to document and analyse the lived experiences of CHWs in Kenya during 2004 as they were enlisted into securitised disease surveillance systems. It sought to understand the practical and ethical tensions arising from their dual roles as community caregivers and agents of biosecurity.

Methodology:

The research employed a qualitative, ethnographic methodology. Data were collected in 2004 through participant observation and in-depth interviews with CHWs and health officials within selected Kenyan communities.

Findings:

The study found that the securitisation of health in 2004 reconfigured CHWs' duties and community relationships. While some CHWs gained authority through their new surveillance role, others faced distrust from communities, perceiving them as extensions of state security. This created a tension between their mandate for routine community care and the imperative for urgent threat reporting.

Conclusion:

The integration of CHWs into Kenya's disease surveillance in 2004 was a complex biopolitical process. It transformed their work, often prioritising security objectives over broader community health needs and altering their social standing.

Recommendations:

Policymakers should design surveillance frameworks that explicitly address the ethical and relational challenges CHWs face. Training and protocols for CHWs must balance security reporting with maintaining community trust and their primary care functions.

Key words:

securitisation, community health workers, disease surveillance, biopolitics,

Kenya, ethnography, pandemic preparedness

Contribution statement:

This study provides an empirical, ground-level account of how the securitisation of pandemic preparedness was enacted in Kenya in 2004, documenting its concrete effects on frontline health actors and community health dynamics.