Kenya Paediatric Association

*Striving for Universal Immunization by the Development of an Integrated Immunization Curriculum and Immunization Advocacy*

Bill Kigathi

KPA National Immunization Champion

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Background of the Kenya Paediatric Association

• Kenya Paediatric Association was established in 1968 with 7 initial members

• Currently members consist of more than 450 paediatricians

• Many associate members consisting of different professionals interested in child health

• Mission: To promote better child health in Kenya, enhance knowledge on child health...through collaboration, research, advocacy, education, training, sharing of experiences and implementation of best strategies.
Background of the Kenya Paediatric Association

• KPA as an Organization
  • Member organizations are assigned the designation of Civil Society Organization - CSO’s
  • Consist of members who elect Chairpersons, Treasurers, Secretaries and Board Members
  • Typically exist to offer members services related to the professional body

• Keprecon
  • Research Arm of the Kenya Paediatric Association
  • Developed as an NGO within the Kenya Paediatric Association
  • Acts as a vehicle to allow the association conduct research on behalf of its members
  • Provides grant management and technical expertise to members who want to carry out research
Context of Our Immunization Advocacy

Priorities

• New Constitution of 2010
• New Administrative Dispensation
• 47 Counties and One Central Government
• Each County Devolved is responsible for provision of
  • Health
  • Water & Sanitation
  • Municipal Services
### Evolution of Immunization Services in Kenya

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1978</td>
<td>Alma Ata Declaration by WHA</td>
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<tr>
<td>1980</td>
<td>KEPI established, target 6 childhood killer diseases</td>
</tr>
<tr>
<td>2006</td>
<td>All vaccination services under DVI</td>
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#### New Vaccine Introductions

<table>
<thead>
<tr>
<th>Year</th>
<th>New Vaccine</th>
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<tbody>
<tr>
<td>2002</td>
<td>Penta-valent</td>
</tr>
<tr>
<td>2011</td>
<td>PCV - 10</td>
</tr>
<tr>
<td>2013</td>
<td>Measles 2nd dose</td>
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<tr>
<td>2014</td>
<td>Rota Virus</td>
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<tr>
<td>2015</td>
<td>IPV</td>
</tr>
<tr>
<td>2016</td>
<td>Switched from Measles-only to Measles-Rubella</td>
</tr>
<tr>
<td>2019</td>
<td>HPV (girls 10 yrs)</td>
</tr>
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1980 - present: MOH continues to improve, expand and intensify immunization services in Kenya.
Activities of the Immunization Committee

• Immunization Advocacy Committee
  • Consists of Former KPA Chairpersons, MoH Representatives, 14 Champions drawn from various counties, University Reps – met in May 2017; Since then interact on Telegram

6 Key Areas Identified as need areas for Immunization Advocacy

1. Training of pre-service and in-service health care workers at all levels
2. Increased community mobilization in routine and supplemental immunization activities
3. Sustainably budget for universal immunization coverage from both National and County Governments
4. Increased access to vaccinations or special groups
5. Improved disease surveillance and vaccination program monitoring and AEFI.
6. Improved independent oversight of the immunization programs
Immunization Advocacy Priorities

KPA’s Role in Immunization Education Dissemination

• Vaccinology Updates included in the last 5 years Annual Scientific Conferences

• MoH often collaborates with KPA to offer vaccinology Briefs to paediatricians and other health care workers prior to new vaccine introductions and large campaigns – ensure utilization

• KPA key technical stakeholder - new vaccines intro. and supplemental immunization activities – e.g. RTSS Malaria Vaccine Pilot; Outbreak Response to VD Polio In Nairobi

Current Activities

• Development on an Intergrated Immunization Curriculum – Goal to have all Pre-Service and In-service Health Workers who offer vaccine services receive vaccinology training

• Polio eradication
Immunization Partnerships - MOH

• Seek to foster a very close relationship on Policy Development and Training e.g ETAT + Plus Training, Basic Neonatal Care Training

• Leverage Strengths – KPA Rapid Material Development; MoH –Endorsment

Stakeholders Meeting
• Identified all key stakeholders in immunization services
• Key Stakeholders Invited to Consensus Building Meeting in conjunction with MoH

Writers Workshop
• First Draft of the Curriculum Developed based on MoH Training Materials and Latest Evidence
• Care taken to use MoH and WHO base materials where available

Reviewers Workshop
• Second Draft of the Curriculum refined
• Scope of training, Completeness, Simplification

Scientific Editing & Policy Refinements
• MoH, UNICEF & Experienced Immunization Champions
• Goals: Coherence and policy accuracy

NEXT STEP
Stakeholders Endorsement Meeting !!
Immunization Partnerships – MOH/ UNICEF
Immunization Partnerships – MOH

KPA in its advocacy & mediator role
Immunization Partnerships – MOH
KPA in its advocacy and mediator role
Immunization Partnerships

Other Partnerships

• **NITAG and/or the Inter-agency coordination committee**
  - National Chairman of NITAG – Currently a Former Chair of the Paediatric Association and the Chief Executive Director of Keprecon
  - Other board members from KPA are often nominated to be part of NITAG

• **Academia**
  - Often cross institutional consultations during the curriculum development process
  - All major steps are communicated with Academia to ensure good buy-in
Immunization Partnerships

Other Partnerships

• **UNICEF and WHO**
  • Involved as major stakeholders, both during development meetings as well as information dissemination

• **Other CSO’s**
  • Cross institutional consultations during the curriculum development process
  • Worked in the past to train our members on media literacy and advocacy in different fora
Lessons Learnt

• Cross Sectoral Collaboration – a must!!! Need to leverage each others strengths to achieve goals

• Need for Visible Representation and Leadership from the Paediatric Associations in Universal Child Health and Preventive Pediatrics

• Innovative ways of doing implementation research e.g. Development of a research arm within a member organization

Lessons we continue to learn

• The bigger the goal the more often and more intensely we require to have a collective involvement of all stakeholders
Asanteni Sana!!!