

Kenya Paediatric Association

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

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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.



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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



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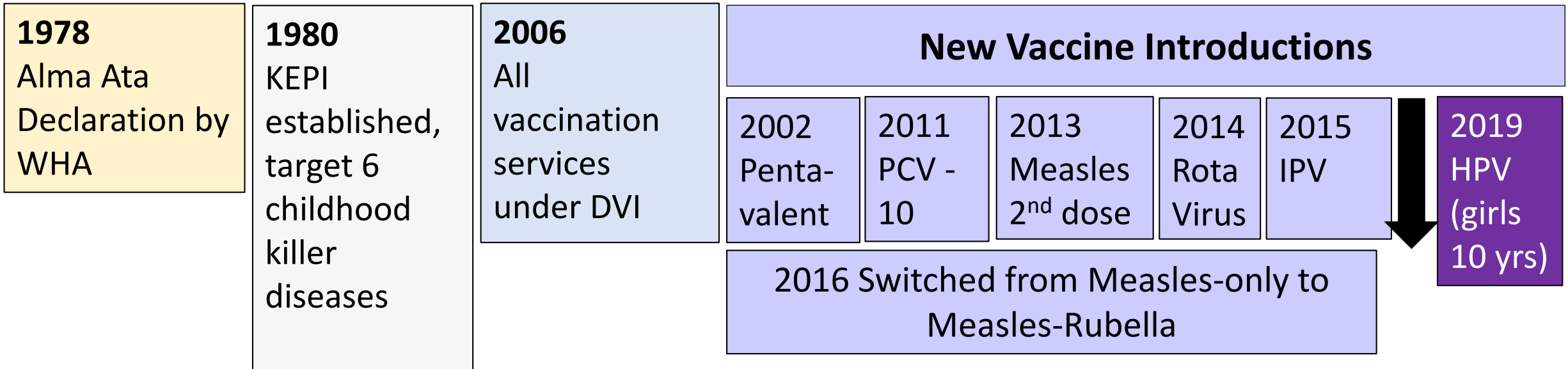
Context of Our Immunization Advocacy

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

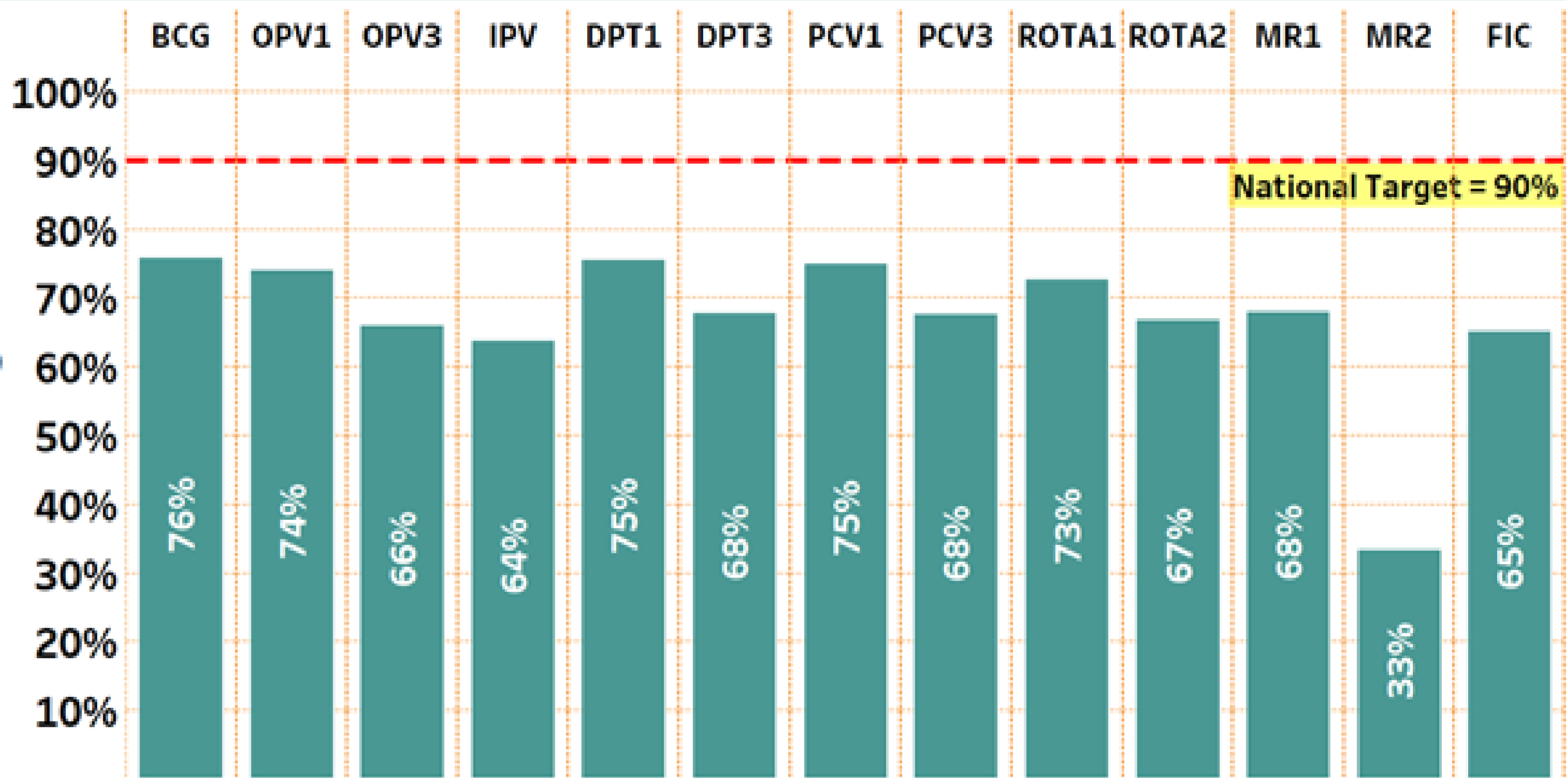


1980 - present
MOH continues to improve, expand and intensify immunization services in Kenya.



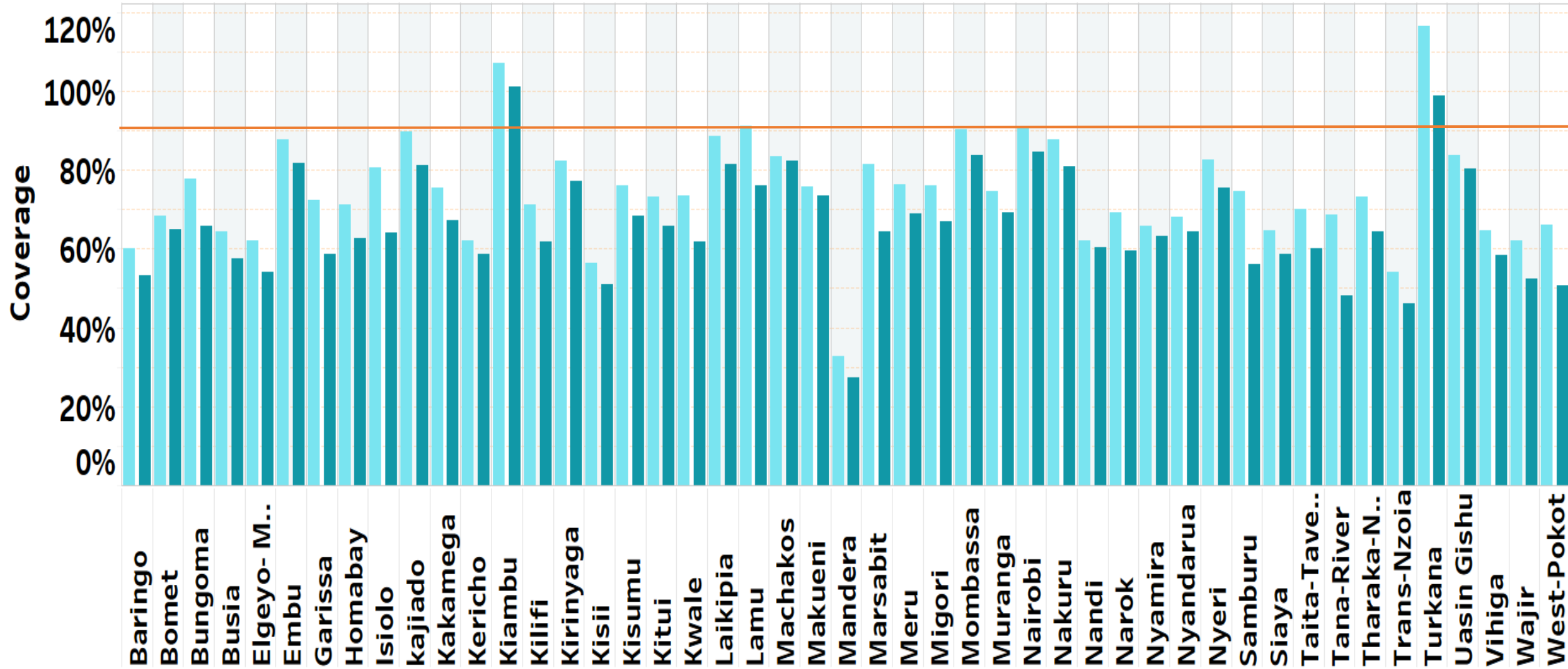
National Coverage for Selected Antigen

2017



Penta 1 and Penta 3 Coverage by County

2017



Legend: Antigen Type

■ Penta 1 ■ Penta 3

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

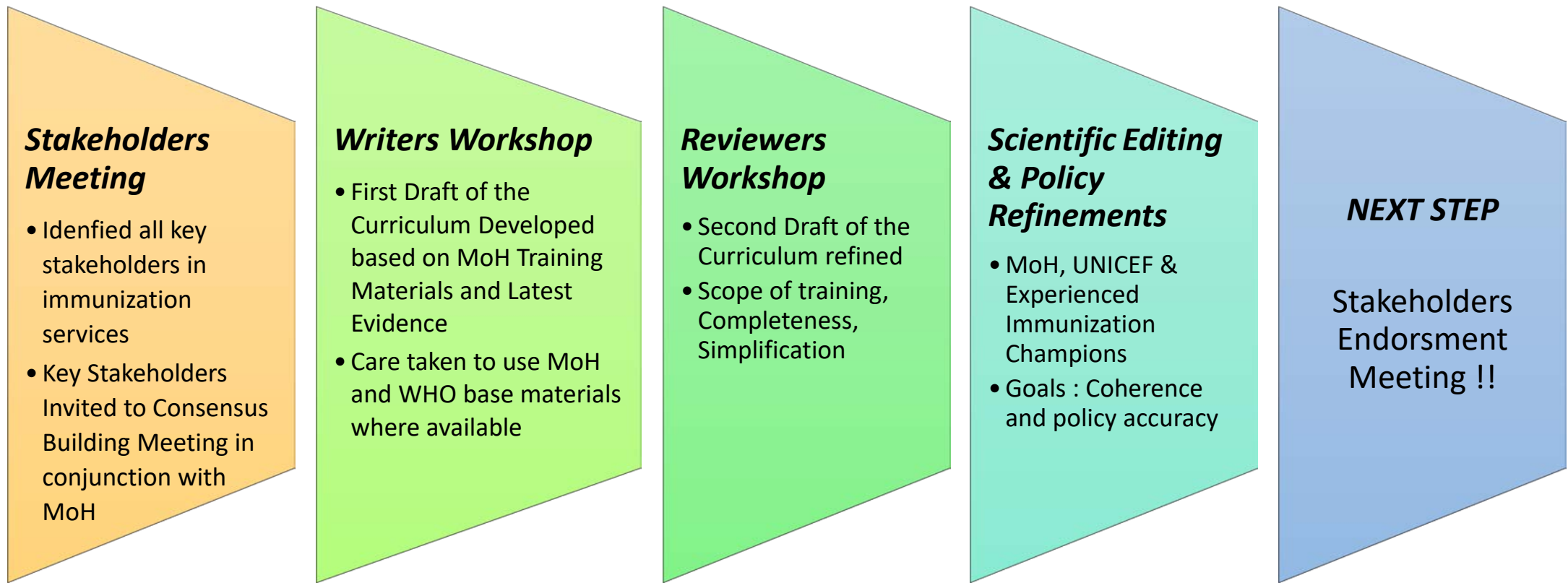
- **Development on an Intergrated Immunization Curriculum** – Goal to have all Pre-Service and In-service Health Workers who offer vaccine services receive vaccinology training
- **Polio eradication**



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

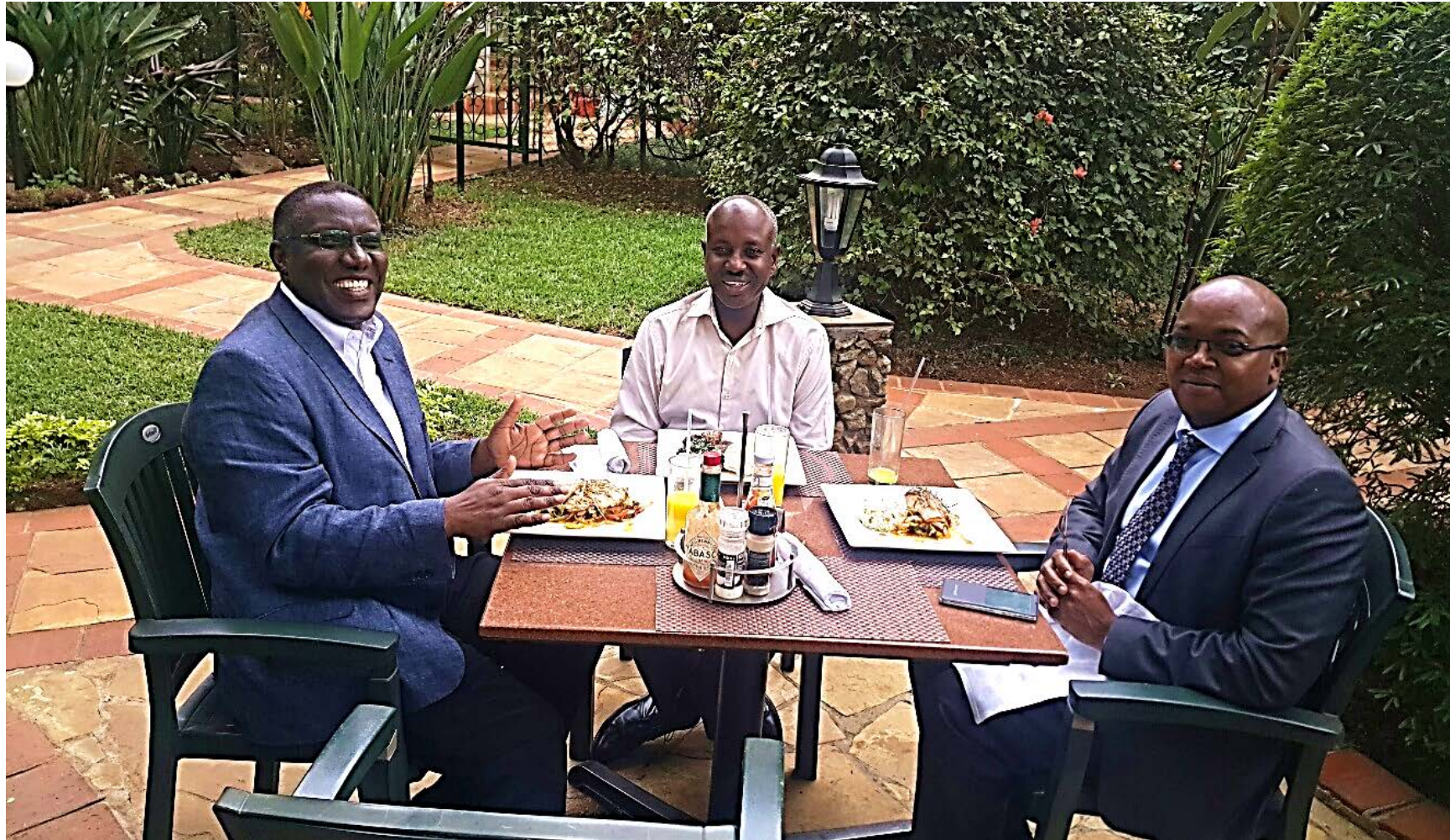
Curriculum and Training Development Pathway



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!!!

