



# Kenya Medical Association

## NATIONAL EXECUTIVE

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Dear Members,

### **RE: ROLE OF KMA IN THE COVID-19 PANDEMIC RESPONSE: UPDATE FOR MEMBERS**

You have undoubtedly been following closely government updates on the COVID-19 pandemic since the first case was reported in Kenya on Friday 13<sup>th</sup> March 2019. Many of you have participated in activities related to COVID-19 preparedness, and several of you are directly involved in care of the patients currently in care.

The Kenya Medical Association National Executive Council would like to take this opportunity to applaud all of you for your contributions in this fight against this huge threat to the health of our people, and we continue to encourage you to contribute your ideas and your service to ensure that we minimize the damage this virus does to our health system and the country as a whole. We believe that despite the perennial shortcomings in our system we are able to harness whatever resources are available to us and marshal the fight of our lifetime to defeat this pandemic.

We believe that this is the time to do everything in our power to support the government and the international community to combat this pandemic. When the story of this pandemic is written years from now, we believe that the role KMA members play in ending it will be prominently highlighted. To this end we urge you, dear members, to get engaged in your place of work, to do everything you can to ensure the best possible state of readiness should this disease present at your workplace.

We encourage you to take leadership in planning for this pandemic in your workplace, to adopt and customize national and international protocols for relevance wherever you are deployed. We cannot afford to be bystanders as this virus threatens to unravel the very fabric of our country, and to destroy whatever gains have been made in the health sector and the economy.

As the National Executive Council, with the very active support of the National Governing Council with whom we have been in constant communication and consultation, we took the initiative to work with the Ministry of Health COVID-19 Response Taskforce that was formed to combat this pandemic. While a lot of work is going on behind the scenes, the protocol on disaster and emergency communication is such that all updates on the current situation must emanate from the government through the Ministry of Health in order to avoid confusion and mixed messaging.

Below we provide you with information on the operations of the Taskforce and our very intimate involvement in those activities.

The MOH COVID19 Response Taskforce has several running committees:

### **1. Case management and capacity building** (clinicians and public health)

This committee is charged with developing and modifying the protocols on screening, laboratory testing and case management taking into account specific areas like anaesthesia, dialysis, dentistry, ophthalmology. These documents are to be released shortly. Several KMA members sit on this committee, and they have consulted subject experts from the specialty associations in developing these documents, which are meant to help frontline healthcare workers with clarity on how to deal with this disease. Personal Protective Equipment such as masks, gloves in stock are to be distributed to the counties. This is critical for the healthcare workers to be able to do their work.

### **2. HRH mobilization**

Human Resources for Health was found to be inadequate in the face of this pandemic. There is also no centralized repository of all health workers should there be a need to mobilize health work force. The response team thus charged the HRH committee, in which KMA also sits, to develop a Repository of health care workers of all cadres. Letters have been sent out to the county governments to give a list of their healthcare workforce. To capture healthcare workforce who can be engaged immediately a call has been sent out to all medical practitioners, dentists, pharmacists, Clinical Officers, and Nurses, among others.

Through the work of this Committee, KShs 1 billion has been made available from Treasury for recruitment of additional health workers, and further funding is expected from bilateral and multilateral development partners, including the World Bank.

### **3. Health Facilities Preparedness**

This committee chaired by Kenya Health Professionals Oversight Authority (KHPOA) and in conjunction with Kenya Medical Practitioners and Dentists Council is charged with assessing hospital preparedness for isolation/quarantine and treatment centers at county level for both public and private facilities. We thank the KMA members in this committee for their key input into the checklist that is being used to assess facility readiness to deal with this pandemic.

This committee is also assessing the suitability of various institutions such as the Kenya Medical Training Colleges (KMTC) for the same use.

### **4. Laboratory**

The Kenya Medical Research Institute (KEMRI) and the National Public Health Laboratories (NPHL) are in charge of the testing for COVID-19 using PCR. The team has already identified

and accredited 6 more laboratories across the counties, and some private labs, with the capacity for PCR testing when provided with the kits. This will increase the capacity for testing and reduce the turnaround time. We shall also closely follow up the distribution of more test kits that are being procured and also from the Jack Ma Alibaba Foundation donations to the African nations.

## **5. Surveillance and Contact tracing**

The Ministry of Health surveillance Unit has been beefed up in numbers by various organisations seconding staff there. Tracing of contacts leveraging on various partners will increase the efficiency of the team. The unit has so far traced hundreds of contacts of confirmed and suspected cases, and it continues to work with support from other ICT players.

## **6. Resource mobilization**

This committee was established to help mobilize resources from non-governmental and international agencies to help support the pandemic fight. It is also tasked with aligning the mobilized resources to match the existing needs and ensuring that all critical areas are supported. This team is also looking at securing the supply chain of all essential.

## **7. Communication**

The Team has set up a call center supported by Safaricom with a capacity of 300 attendants.

A call number has been set up, 719, and it has automated links as well as access to professionals for advice to those who call to report symptoms. We have ensured that up to 20 doctors will be employed to provide the necessary clinical guidance. Another link is being set up for purposes of providing clinical decision support for doctors and other health professionals.

The messaging in various media print, electronic, digital and social media are also an output of this committee on which KMA and other media aspects are providing support in their areas of expertise. We are ensuring that the messaging aligns with the evidence based information

## **8. Rapid response team**

A multidisciplinary team has been set up which is in constant touch with the call center and surveillance teams in order to ensure that testing can be done at home with appropriately protected staff. Through training and support multiple such teams have been established the various counties, with the active support of our members in the divisions. The ambulance systems are also being leveraged on and being mapped to confirm readiness of dedicated vehicles that can transport patients and with a protocol for disinfection after each trip.

## **9. Research team**

The committee on research is based at KAVI at the University of Nairobi led by Prof Anzala. They continue to study the coronavirus and other viruses and are also involved in vaccine research. They are in the process of seeking ethical approval for study on covid19. KMA

urged the government to support research. KMA members continue to be involved in research and health workforce are urged to document their findings.

## **SPECIFIC TASKS ENTRUSTED TO KMA**

Through its active participation the MOH taskforce KMA has taken a lead in some aspects of the response and has been tasked with, but not limited to the following:

### **1. TRAINING OF TRAINERS ON COVID19 & ONLINE MATERIAL**

KMA participated in the COVID19 TOT training that was organized and facilitated by the Ministry of Health at KAVI on 17<sup>th</sup> and 18<sup>th</sup> March 2020. KMA offered to facilitate the dissemination of this training via our ICT platform. KMA therefore **recorded** the training with support from one of our ICT partners Tc4A for purposes of online dissemination. Editing of the same is ongoing and we shall upload the material on the KMA website and to disseminate to other platforms.

It is envisaged that health workers will read the material and have a one-day sensitization by the trainers trained and sent back to the counties. A total of 50 TOTs were trained, and all counties were represented.

### **2. ONE-DAY TRAININGS IN THE DIVISIONS**

We were requested to map out the regions in which the one-day training for case management will be carried out for multidisciplinary health teams. Our intention is to map them along the lines of our divisions, and to have divisional executive committees actively involved in the trainings of health teams consisting of all health cadres who will have had the benefit of interacting with training materials online.

### **3. CASE MANAGEMENT PROTOCOLS**

With the assistance of the specialists in our ranks, we have continued help develop case management protocols, that ensure optimal care for patients while providing adequate protection for the health workers. We will help disseminate these protocols in the coming days.

### **4. HEALTH WORKFORCE REPOSITORY**

We were tasked with providing, along with other professional associations and unions, a repository of available unemployed health workers to be recruited for the short term as the need as the need arises during this pandemic. We are in the process of concluding this task and will submit this list to the ministry for their use.

### **5. MEDIA ENGAGEMENT**

We were asked to provide a list of doctors and medical experts who can be called to media houses to give accurate and credible information to educate Kenyans on COVID19. We compiled a list consisting of our expert members and those with good media engagement skills. Some of them have already provided stellar performances in the print and broadcast

media. Many members have also engaged in online communication on various platforms, ensuring that information going out to the public is accurate and useful.

## **CONCLUSION**

The Association has been intimately involved in the response to this pandemic from the beginning, and with the support of the National Governing Council and individual members, we have been able to stand our authority on the plans and activities organized by the response taskforce. We intend to continue this active participation until the crisis is over, and we are hopeful that our involvement will help improve the health system in this country for the better. Colleagues, with your support, we can turn this pandemic into a force for good, to ensure that no Kenyan ever suffers for lack of access to the highest attainable standard of health care after this, and no doctor suffers the indignities that have plagued our profession in the recent past. We commit to shorter but more regular updates to inform you our colleagues and the public on all efforts being made and to keep track on the commitments made.

Signed:



Dr Simon M. Kigundu  
**Secretary General**