



Kenya Medical Association

NATIONAL EXECUTIVE

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KMA COVID-19 RESPONSE ADVISORY COMMITTEE (KMA-CRAC) MEETING RESOLUTIONS

At its fifth meeting on Saturday 18th April 2020, the Kenya Medical Association's COVID-19 Response Advisory Committee reviewed the current state of the response and issued the following recommendations:

1. EPIDEMIOLOGIC MODELLING

KMA-CRAC appreciates the modelling work done so far to inform COVID-19 response. We also note that with limited numbers of people tested no model can adequately help with planning our next steps. **KMA therefore continues to recommend that testing be expanded so we can have true prevalence of disease and develop appropriate responses.**

2. USE AND DISPOSAL OF MASKS

KMA notes that there has been increased use of masks by members of the public, especially in urban areas, as part of COVID-19 prevention pursuant to Ministry of Health advice. We however note that these masks, which are categorized as medical waste, are being disposed of haphazardly and thereby constitute a public health threat.

KMA therefore urges the Ministry of Health to develop facemask disposal guidelines and identify possible disposal areas.

In the meantime, KMA calls upon industry partners to sponsor designated bins for facemask disposal, and public health authorities must thereafter provide for the security of the bins and safe disposal of the facemasks.

3. RESEARCH FUND FOR COVID19

KMA notes the continued generosity of donors and Kenyans of goodwill to the special fund set up for the COVID-19 response. Among the dire needs that need to be addressed is continued research as we seek to secure the public and provide the best care for our patients.

KMA urges the government to set aside funds for research on COVID19 in order to generate the knowledge necessary for the deployment of locally relevant interventions

4. GUIDANCE ON MEDICAL TELECONSULTATION

KMA notes the challenges related to providing continuing care and regular clinical services to people with medical conditions other than COVID-19, due to the risks and the deployment of most resources to the emergency.

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In light of the need to continue reaching as many people in need as possible, **KMA calls upon the Kenya Medical Practitioners and Dentists Council (KMPDC to urgently develop and provide guidance and regulations on telemedicine and use of digital technology for remote consultations and care.**

5. REPRODUCTIVE HEALTH SERVICES

KMA notes that even in the midst of this pandemic, lifesaving reproductive health services continue to be in high demand. Regarding continuity of reproductive Health services, KMA therefore recommends the following:

- a) Health managers should ensure that quality and respectful maternal, neonatal and child healthcare services are running as efficiently, effectively, and safely as possible with adequate, well-trained, well-protected staff in a friendly, client-oriented environment.
- b) Operational changes should be made fast-track client flows and avoid overcrowding at waiting bays. Adequate numbers of trained and sensitized staff should be available and provided with adequate personal protective equipment including masks, gloves and gowns/boots for more invasive procedures like deliveries, repair of episiotomies, manual vacuum aspiration and operative deliveries.
- c) All staff in ANC, delivery room, postnatal and child welfare clinics should observe universal precautions at all times. Patients suspected of having COVID-19 should be tested and quarantined appropriately, and those with confirmed diagnoses should be isolated and provided with the necessary care, observing all precautions to protect staff and patients.
- d) Counties, sub-counties and health facilities should make available ambulance services, complete with telephone and physical location contacts which should be shared with community members and disseminated at strategic locations within and without the health facilities. All members of the community should be sensitized on health seeking behaviour and demand for services particularly emergency obstetric and other services.
- e) Services should be integrated and bundled to reduce health facility visits during this time. Patients suspected or confirmed to have COVID-19 should be transferred to and managed at level 4 hospitals and above. Birthing partners should be discouraged, and virtual telephone or videoconference consultations facilitated and supported as much as is practicable

The Committee will meet again on **Wednesday 22nd April 2020** to review the situation and issue further guidance and recommendations.

Signed,



**Dr. Jacqueline Kitulu,
President.**