



# Kenya Medical Association

## NATIONAL EXECUTIVE

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10<sup>th</sup> May, 2020

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

At its eighth meeting on Wednesday 6<sup>th</sup> May 2020, the Kenya Medical Association's COVID-19 Response Advisory Committee reviewed the current state of the response and issued the following recommendations:

#### **1. COVID RESPONSE MEASURES IN EASTLEIGH, NAIROBI, OLD TOWN MOMBASA, AND OTHER AFFECTED AREAS**

The Kenya Medical Association notes the government intervention to restrict movement in and out of Eastleigh in Nairobi and Old Town in Mombasa in order to control community transmission of COVID-19 in and from those areas.

We further note that local populations in some areas have not been volunteering for the testing that is meant to happen in the restricted areas, in part due to legitimate fears around what happens to them and their families should they test positive. The government has not clearly communicated on who will bear the cost of quarantine, isolation, and treatment, and there have been instances of people being asked to pay for these even when they indicate inability to do so.

The Kenya Medical Association therefore Recommends as follows:

- a) The government, at national and at county levels, must bear the costs of quarantine, isolation, and treatment for anyone affected by COVID-19, and this must be clearly, constantly, and consistently communicated to Kenyans. This will increase willingness for testing and quarantine in the affected areas.
- b) Conditions are quarantine and isolation facilities must be constantly reviewed to ensure they meet standards of care expected for such facilities in order to achieve their mandate.
- c) Extra care should be taken to involve community leaders in messaging and mobilising residents to go for testing, including religious leaders like Imams in the identified areas, and taking note that this is a holy month for the Muslim majorities in the restricted areas. We must engage local communities in identifying the best methods of achieving the goals of testing and providing care for all those affected by COVID-19.

#### **2. RESPIRATORY ILLNESSES SURVEILLANCE**

The Kenya Medical Association notes that the government has adopted the 'targeted testing' approach focusing mainly on identified 'hotspots' and on contact tracing of those that test positive.

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Further to our earlier recommendation for government to increase COVID-19 testing across the country, we additionally recommend increased surveillance of respiratory illnesses, especially severe acute respiratory infections (SARI) in the community and all health facilities in order to enable early identification of community transmission and to inform decisions on additional mass testing and other relevant control measures.

### **3. ACCESS TO ESSENTIAL HEALTH SERVICES DURING THE COVID PANDEMIC**

The Kenya Medical Association notes that many public health facilities and chronic disease care clinics remain closed ostensibly to facilitate increased focus on the COVID-19 response. This has resulted in lack of access to services and follow-up for patients on long-term treatment for chronic diseases including TB, Diabetes, Hypertension, HIV, Cancer, and Mental Illness.

We therefore recommend that the national and county governments ensure that all essential health services resume as soon as possible in order to prevent loss of the gains we have so far made in chronic disease care.

To achieve this, and as previously recommended, we reiterate the need for the health ministry to designate regional and county COVID-19 care facilities in order to allow regular care to resume in the rest of the facilities with enhanced screening and protection of both patients and health care workers.

The Committee will meet again on **Wednesday 13<sup>th</sup> May, 2020** to review the situation and issue further guidance and recommendations.

Signed,



**Dr. Jacqueline Kitulu,  
President.**