



Eastern Africa Paediatricians Meeting
 Immunization Symposium Report
 Nairobi, Kenya | December 2-3, 2014

The Eastern African Paediatric Association (EAPA) with support from the Kenya Paediatric Association (KPA) the American Academy of Pediatrics (AAP) and the Royal College of Pediatrics and Child Health (RCPCH) hosted a regional meeting of Eastern African Paediatricians. This meeting was a symposium focused on immunizations and highlight of current challenges in the region, focus on advocacy engagement, and provide paediatricians with tools to take back to their country.

Program

<i>Time</i>	<i>Day 1 – December 2nd</i>	<i>Time</i>	<i>Day 2 – December 3rd</i>
08:30 – 09:00	Registration-KPA secretariat	08:30 – 09:00	Registration-KPA secretariat
09:00 – 09:20	Welcome: African Paediatricians' Call to Action <i>Prof. Fred Were</i> <i>President, Eastern Africa Paediatric Association</i>	09:00 – 09:20	Re-cap from Day 1: <i>Dr. David Githanga</i> <i>Chairman Kenya Pediatric Association</i>
09:20 – 09:50	Opening Plenary: <i>Mr. Geoff Adlide</i> <i>Director Advocacy and Public Policy</i> <i>Gavi, the Vaccine Alliance</i>	09:20 – 09:50	Opening Plenary: Global perspective on immunizations in the post-2015 health agenda. <i>Dr. Meg Fisher</i> <i>The American Academy of Pediatrics</i> Opening Plenary: Vaccine Financing
09:50 – 10:10	Ministry of Health, Kenya <i>Principal Secretary</i>		
10:10 – 11:00	Session 1: Overview of EPI vaccines 10:10 – 10:30 10:30 – 10:50 10:50 – 11:00 1. <i>Dr Iheoma Onuekwusi, WHO-AFRO</i> 2. <i>Dr. Ephantus Maree, KEPI & MOH</i> 3. <i>Question/Answer</i>	09:50 – 11:00 09:50 – 10:10 10:10 – 10:30 10:30 – 10:45 10:45 – 11:00	Session 4: Expanding beyond EPI (HPV, Meningococcal, IPV) 1. <i>Dr Lisine Tuyisenge, Rwanda</i> 2. <i>Prof Fred Were, EAPA</i> 3. <i>Dr. Ephantus Maree, KEPI & MOH</i> 4. <i>Dr. Sylvia Garry, RCPCH</i> 5. <i>Question/Answer</i>
11:00 – 11:30	Tea Break	11:00 – 11:30	Tea Break
11:30 – 12:30	Session 2: Expanding the EPI, Country experience (Rotavirus, Pneumococcal) 11:30 – 11:50 11:50 – 12:10 12:10 – 12:30 12:30 – 12:45 1. <i>Dr. Namala Mkopi, Tanzania</i> 2. <i>Ms. Pamela Ochieng, DVI, MoH</i> 3. <i>Dr. Geoff Adlide, GAVI</i> 4. <i>Question/Answer</i>	11:30 – 12:30 11:30 – 11:50 11:50 – 12:10 12:10 – 12:30	Session 5: Addressing Vaccine Barriers in Africa 6. <i>Dr Iheoma Onuekwusi, WHO-AFRO</i> 7. <i>Dr Daniel Tumwine, EAPA</i>

12:45 – 01:45	Lunch	12:30 – 01:30	Lunch
01:45 – 03:30	Session 3: Elimination and Eradication (Measles and Rubella, Polio) 01:45 – 02:15 1. Dr. Iheoma Onuekwusi WHO- <i>AFRO –Measles & rubella</i> 02:15 – 02:45 2. Prof. Rose Kamenwa , KPA, AKUH <i>–polio eradication</i> 02:45 – 03:05 3. <i>Question & Answer</i> 03:05 – 03:30 Discussions on elimination & eradication	01:30 – 03:30	Session 6: Pediatricians in Action – how to be an advocate in your own community 8. Dr. Meg Fisher , American Academy of Pediatrics 9. Mr. Geoff Adlide , Gavi, the Vaccine Alliance 10. <i>Case studies from PATH and Lions</i>
03:30 – 04:00	Afternoon Plenary Discussions on elimination & eradication	03:30 – 04:00	Closing Prof. Fred Were <i>President, Eastern Africa Paediatric Association</i>
07:00 – 09:00	Group Dinner		Departures

The symposium started with the Paediatricians call to action which was presented by Prof Were, the president of EAPA. It is the role of the Paediatricians to make the value of the vaccine known by parents and caregivers. Uptake of vaccination has remained a challenge since not all children get to be immunized as required. The symposium aims at getting to know the challenges that we have as a region and how best we can deal with them.

The role of GAVI in vaccine financing was explained. GAVI has a role in resource mobilization which includes co-financing with countries sponsored and mobilizing donors. The development of new vaccines in Africa has proven to be difficult because it is very expensive working with biologicals, complexity of the production and powerful market sources. Bosnia and China were stated as some of the countries that have graduated from GAVI support. In the coming five years about twenty two countries will have graduated. GAVI advises that we should target having a fully immunized child as a measure of coverage.

The overview of EPI vaccines shows that Kenya is now at 82% coverage with Kirinyaga County having the least coverage. Kenya has enough cold chain storage to last the country for eight years. Kenya introduced 2nd dose of measles in July 2013, Rotavirus vaccine in July 2014. There are plans to introduce IPV in 2015. HPV was introduced in Kitui County and had a good uptake.

In Tanzania, Rotavirus vaccine and pneumococcal vaccine were introduced in January 2013 and this has greatly reduced hospital admissions from gastroenteritis and pneumonia and has contributed greatly in achieving MDG 4. MR vaccine was launched in October 2014 with plans to launch IPV in 2015. Tanzania had more than 80% immunization coverage.

One of the great advantages that have been seen with the introduction of pneumococcal vaccine is the reduction in antibiotic resistance as seen in a study done in South Africa.

The five strategies for elimination of measles and rubella were highlighted. There is high vaccination coverage with the introduction of two doses of MR. So far; there is 88% reduction in measles deaths. Currently there are measures in place for rubella syndrome control and rubella syndrome elimination. Africa has no rubella goal yet. There must be a high long term commitment to achieve coverage. Kenya plans to introduce MR in 2015. The challenges being faced for MR introduction are weak health systems, poor funding, shift from younger to older age groups and overlapping programme priorities. The National Paediatric Societies can help by supporting demand creation and supporting and advocating for stronger governments.

Polio eradication in Kenya had been targeted by 2014. This has been made difficult by Kenya's porous borders. To achieve the eradication, there should be cross border collaborations, routine immunization, SIAs and management of other co-diseases. One reported case of Polio and one reported case of an unimmunized child should be treated as emergency requiring campaigns targeting all children in likely contact. Polio outbreaks are reported in those areas where children are not immunized. Paediatricians have to play a role of advocacy so as to eradicate polio.

In the global perspective on immunization in the post-2015 health agenda, newborn health, integrated child health, early childhood development and protection are greatly considered. Seventeen sustainable development goals have been

proposed and goal 3 is on immunization. The role of Paediatric organizations/associations is in policy formulation, educators on the importance of vaccines and advocacy. They should lobby for the 17 SDGs.

EPI was introduced in Rwanda in 2011 and currently the country has over 90% immunization coverage with a Fully Immunised Child percentage being at 94. They introduced Rotavirus vaccine in 2012 and MR in 2013. In 2013, they also introduced the 3 doses HPV vaccine. Community health workers have helped in the immunisation by mobilization. They target both in school and out of school girls who are 12 years.

Political instability, poor leadership, poverty and environmental harsh conditions were cited as some of the barriers to vaccination in Southern Sudan.

In Uganda, pneumococcal vaccine was introduced one year after its launch due to poor readiness assessment. Political instability and the election period have led to poor uptake of immunization.

The paediatricians call to action showed the role of the paediatrician in advocacy as an individual, in the community, in the country and globally. We should put a human face to the problem, make the problem real and capture the attention of community leaders. At the national level, we should know the existing policies and become main players at the ministry of health. Media and communication advocacy will require us to give an effective message, have collective power with other players, sustain our efforts and influence decision makers

Speakers/organizers Contacts

1. Prof. Fred Were-President, Eastern Africa Paediatric Association/Member of IPA Technical Advisory Group of Immunisation (IPATAGI)
2. Dr. David Githanga- National Chairman, Kenya Paediatric Association
3. Dr. Daniel Tumwine-EAPA, Uganda Paediatric Association
4. Dr. Lisine Tuyisenge-EAPA, Rwanda Paediatric Association
5. Dr. Namala Mkopi-EAPA, Tanzania Paediatric Association
6. Prof. Rose Kamenwa-EAPA, Kenya Paediatric Association
7. Dr. John Wachira-EAPA, Kenya Paediatric Association
8. Dr. Ephantus Maree- MoH, DVI, Kenya
9. Ms. Pamela Ochieng- MoH, DVI, Kenya
10. Dr. Khadijah Kassachon-Principal Secretary, Ministry of Health-Kenya
11. Dr. Amar Khalifa-EPI Surveillance, Sudan
12. Geoff Adlidge-Director, Advocacy and Public Policy
13. Terrell Carter-AAP, Global Child Health Initiatives
14. Dr. Iheoma Onuekwusi-WHO country office in Nairobi.
15. Dr. Meg Fisher-MD, FAAP; The American Academy of Pediatrics
16. Dr. Sylvia Garry-RCPC International
17. Dr. Peris Wanjiku Njiiri-Member, Kenya Paediatric Association and meeting moderator
18. Ms. Irene Amadi-Kenya Paediatric Association-meeting organizer
19. Mr. Chris Okwako- Kenya Paediatric Association-meeting organizer
20. Ms. Treezer Otieno- Kenya Paediatric Association-meeting organizer



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American Academy
of Pediatrics



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Eastern African Paediatricians' Call to Action

Eastern Africa Paediatric Association (EAPA) Vaccine advocacy meeting 2nd-3rd December 2014

We, Eastern African paediatricians, call upon our governments to prioritise immunisation, one of the most cost-effective investments for reducing child mortality and morbidity in Africa

Substantial progress has been achieved in reducing child mortality rates worldwide, but nearly 18,000 children under age 5 are still dying every day from preventable causes;

One and a half million children under five still lose their lives each year from vaccine preventable diseases and that one in five children worldwide are still not vaccinated with basic vaccines;

EAPA and its constituent associations are committed to advocating for immunisation and to continue working with the International Paediatrics Association (IPA), African governments, civil society/faith-based organisations, development partners, and the private sector to reduce child mortality and meet the Millennium Development Goal 4 (MDG 4).

In light of the above, we call upon our governments to:

- Secure sustainable financing for immunisation programmes and co-financing of Gavi vaccines which will have an invaluable impact in reducing child mortality and protecting women against the deadly scourge of cervical cancer;
- Increase efforts towards strengthening health systems and services by increasing investments in health workers, infrastructure and logistics systems in support of increased coverage and equitable access to routine vaccines;
- Continue scaling-up efforts for meeting the Abuja 2011 target of 15 percent of total government expenditure allocated to health and to increase national health expenditure per capita and ensure that health is adequately enshrined in the Sustainable Development Goals post 2015;
- Ensure transparent budgeting and accountability in utilisation of total government expenditures allocated to health so that African children fully benefit from these investments.
- Fully own and implement key global policies and plans such as the Global Vaccine Action Plan (GVAP) and the WHO/UNICEF integrated Global Action Plan for Pneumonia and Diarrhoea (GAPPD) with implementation plans at the country level;
- Honour commitments to reducing maternal, neonatal, infant and child mortality, promote health education as well as universal access to essential health services and commodities for all, especially the poorest and most marginalised.



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- Endorse the African Leaders' Declaration 'Immunise Africa 2020' and provide the required support as an investment in a sustainable and healthy future for all children and indeed all people on the African continent
- Increase the participation and involvement of paediatricians in health and vaccine related consultation processes and decision making bodies to promote joint collaboration and concerted efforts for vaccine introduction and the equitable and sustainable implementation of immunisation programmes;
- Support a fully funded Gavi at its upcoming pledging conference in Berlin, Germany on 27 January 2015 and call on donors, civil society etc. to ensure investments of US\$ 7.5 billion over five years for the delivery of vaccines and immunisation to Gavi-supported countries from 2016-2020.
- We encourage inter-country and regional collaboration on immunisation activities targeting cross border and other mobile populations for all vaccine preventable diseases

In light of the above, we call upon our paediatricians colleagues to:

- Unite their voices, circulate, and endorse this Call to Action which is under the leadership of Eastern Africa Paediatric Association (EAPA), Kenya Paediatric Association (KPA), Uganda Paediatric Association (UPA), Paediatric Association of Tanzania (PAT), Rwanda Paediatric Association (RPA), Ethiopian Paediatric Society (EPS), Sudan Association of Paediatrics (SAP), Union of National African Paediatrics Societies and Associations (UNAPSA), International Paediatric Association (IPA).

Dr. David Cuthang
Kenya Paediatric Association
Cuthang 3/12/2014

Dr. Lisine Teyisenge
Rwanda Paediatric Association
Teyisenge 3/12/2014

Dr. Daniel Lumwine
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Dr. Namala P. Muboni
PAEDIATRIC ASSOCIATION of TANZANIA
Muboni 03/12/2014
Dr. Amar Khalifa
Community physician
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**EASTERN AFRICAN PAEDIATRIC ASSOCIATION
IMMUNISATION SYMPOSIUM**

VENUE: HILL PARK HOTEL NAIROBI-KENYA

DATE: 2ND-3RD DECEMBER 2014

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Today

**EASTERN AFRICAN PAEDIATRIC ASSOCIATION
IMMUNISATION SYMPOSIUM**

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DATE: 2ND-3RD DECEMBER 2014

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