Possible Severe Bacterial Infection – Kenyan Context

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Kenya Paediatric Association 2018 Annual Scientific Conference
Mombasa, 24th to 27th April 2018
Outline of Presentation

• Summary of key messages
• Background and situational Analysis
• SATT & AFRINEST Trials
• Kenyan context
• Approach
• Result framework
Summary of Key Messages

• Sepsis is a leading cause of neonatal deaths in Kenya.

• Timely diagnosis and initiation of treatment is critical to saving lives.

• Interventions using simplified antibiotic regimens shown to be as effective as in-patient care (Gold standard).

• Kenya to implement 2015 WHO guidelines on PSBI care where referral is not possible
Background & Situation Analysis

• Bacterial infections a leading causes of newborn deaths

• Kenya has high NNM rate (22 per 1000 live births) with sepsis contributing up to 20% of deaths.

• Poor care seeking, low caregiver awareness, dysfunctional referral pathways & negative cultural beliefs worsen situation.

• Reducing this burden requires timely case identification & initiation of suitable antibiotic treatment.
Top Killers of Neonates in Africa

- Preterm birth complications: 26%
- Perinatal Asphyxia: 35%
- Neonatal Infections: 34%
- Other specific causes: 3%
- Congenital malformation: 2%

Source: WHO 2016
Trends in Childhood Mortality Rates

- Neonatal Mortality
- Infant Mortality
- Under-5 Mortality

Source: KDHS 1989-2014
SATT & AFRINEST Trials

• From 2009 to 2013, WHO supported clinical trials of simplified treatment regimens in Asia and Africa (2011-2013)

• Sample sizes of sick young infants: AFRINEST (2665); Bangladesh (2490); and Pakistan (2453)

• Simplified antibiotic regimens as effective as the WHO standard treatment regimen
KENYA CONTEXT
Introducing PSBI Guidelines in Kenya

• PSBI guidelines being integrated into IMNCI guidelines

• **Overall goal:** reduction in young infant deaths from PSBI, through strengthening of postnatal and young infant care in Kenya.

• **Initial counties:** Bungoma, Turkana, Mombasa and Kilifi, and an additional 6 Counties.

• **Approach:** Implementation science informed by early adopters

• **Done:** Ethical approvals obtained, County sensitization and planning
Barriers to Referral of SYIs – CHMTs Views

Accessibility

Availability

Affordability

Convenience
Barriers to Referral (cont’d)

Cultural Barriers

Competing Tasks

Perception
Three-Phase Approach

Phase 1: National and county consultation process and engagement with key stakeholders (health managers, providers, CHVs and caregivers)

Incorporate existing evidence on PSBI when referral is not possible and requisite structures for changes

Phase 2: Collaborative implementation research in four representative sites

Implement new guidelines; six monthly iterative learning and adoption of evidence

Phase 3: Final county and national dissemination and with policy advocacy

Implementation strategies, context assessment and mapping of opportunities for evidence uptake
Strategic Actions for Kenya

• Proposed actions to strengthen the healthcare system to support management of PSBI:
  ✓ Organization and coordination including governance
  ✓ Human resource
  ✓ Supply chain management
  ✓ Service delivery and quality of care
  ✓ Strengthening community health services
  ✓ Supervision to support essential newborn care
  ✓ Monitoring and evaluation
  ✓ Costing and financing
Results Framework

GOAL
To contribute to the reduction in deaths of young infants from possible severe bacterial infection (PSBI)

PURPOSE
PSBI management consistent with new WHO guidelines is demonstrated to be feasible, acceptable and sustainable, and is institutionalized as part of stronger postnatal and young infant care in Kenya

RESULT 1
New PSBI guidelines included in updated IMCI management protocols

RESULT 2
Use of new PSBI guidelines is feasible, acceptable and sustainable

RESULT 3
Increased utilization of quality PSBI care

RESULT 4
National Policy change
Acknowledgements

• Kenya Pediatric Association
• Newborn, Child & Adolescent Health Unit - MOH
• County Health Management Team – Bungoma
• County Health Management Team – Turkana
• County Health Management Team – Mombasa
• County Health Management Team – Kilifi
• Kenya Clinical Officers Association
• Midwives Association of Kenya
Thank you