PLENARY TALKS

DAY ONE
- Malaria vaccine is a complementary malaria control tool. Other control measures need to be continued.

- Kenya addresses UHC under 4 parameters: Quality, Equity, Affordability and Access.

- Curbing preventable deaths spans across addressing family issues (education of danger signs), community issues (primary preventive measures) and system issues such as referral.

- Despite global decline in childhood mortality, many children in LMIC countries remain at high risk of death.

- Infancy, childhood and adolescence are the most vulnerable points in the life course and can provide the greatest return on investment for human capital.

DAY TWO
- Need to increase universal newborn screening and yearly transcranial Doppler ultrasound in sickle cell disease.

- Need to scale up preparedness for mass vaccine productions e.g. in pandemics.

- Need for a high index of suspicion for pediatric sexual assault in pre-adolescents and adolescents.
• Need to increase capacity to handle adolescent health burdens through research and education

• Pediatricians need to take care of themselves and to strongly consider aspects of mental health in children

• There is need to modify WHO guidelines for pneumonia management to match local epidemiology

INDIVIDUAL TRACKS

1. EMERGENCY AND CRITICAL CARE
   - We **RECOGNIZE** that the goal of ventilation should guide the choice of mode of ventilation.
   - We **RECOMMEND** that sedation should be the last resort to making a patient comfortable on the ventilator.
   - We **COMMIT** to encouraging the involvement of anesthesia team in training of Paeds critical care fellows.

2. THE YEAR IN REVIEW
   - **We RECOGNIZE** In RCTs, lack of fidelity to intervention causes misclassification.
   - **We RECOGNIZE** travel time increase affects immunization uptake in rural Kenya (Kilifi)
   - **We RECOMMEND** – improvement of roads, increase of health centers that are reachable to rural community and strengthening of outreach activities.
   - **We COMMIT** to being part a multidisciplinary team that works on improvement of vaccine uptake in Kenya.

3. PAEDIATRIC OPHTHALMOLOGY
   - **We RECOGNIZE** that Pediatricians as the first point of contact can aid in diagnosis of eye conditions by checking for red flags from history and examination
   - **We RECOMMEND** urgent referral for suspected cases
   - **We COMMIT** to being part of the multidisciplinary team working on improvement of outcomes in ROP.

4. PRACTICE UPDATES FOR PEDIATRIC AND NEONATAL CARE
   - **We RECOGNIZE** the need for standardized patient referral tools and improvement in communication between facilities in improving referral services
   - **We RECOMMEND** understanding patient experiences as a key step in moving toward patient-centered care.
   - **We COMMIT** to promoting early initiation of KMC due to evidence in its role in reduction of neonatal mortality
5. NEONATOLOGY
   • **We RECOGNISE** that laboratory total serum bilirubin measurement remains goal standard, even in the advent of new strategies for diagnosis of jaundice.
   • **We RECOMMEND** use of intermittent phototherapy for non-hemolytic moderate hyperbilirubinemia. It is feasible, efficacious, and safer than continuous phototherapy.
   • **We COMMIT** to supporting drivers of change according to evidence based practice.

6. ENDOCRINOLOGY
   • **We RECOGNIZE** that deviation from a normal growth pattern may be the first manifestation of disease
   • **We RECOMMEND** Good measurement quality: Frequent, accurate and reliable training performed by trained personnel using the appropriate equipment.
   • **We COMMIT** to increase knowledge through CMEs to the wider HCP

7. HEMATO-ONCOLOGY
   • **We RECOGNIZE** that it is important to recognize and diagnose iron overload as a common side effect of SCD treatment, since it is often asymptomatic.
   • that there exist gaps in access to vaccines
   • **We RECOMMEND** increased newborn screening for sickle cell disease. Screening is now available in Kisumu County through CONSA (Consortium on Newborn Screening in Africa).
   • **We COMMIT** to promoting child life practice in pediatric oncology.

8. NEUROLOGY
   • **We RECOGNIZE** early diagnosis, referral & treatment is key in SMA management.
   • **We RECOMMEND** development of guidelines for decision making in brain dead patients
   • **We COMMIT** to promoting maternal education is critical in early newborn screening for SMA

9. HEPATOLOGY
   • **We RECOGNIZE** Proper understanding of the liver function tests goes a long way in formulating a possible diagnosis.
   • **We RECOMMEND** use of the infant stool chart for early diagnosis of biliary atresia.
   • **We COMMIT** to increase knowledge through CMEs to the wider HCP on the risks of herbal medications and supplements in liver injury.

10. ALLERGY
    • **We RECOGNIZE** that global increase in allergies over the last 3-4 decades are mostly attributable to changes in environmental factors and epigenetic changes.
    • **We RECOMMEND** change from pediatric to adult doses of medications in the transition of care for asthma from childhood to adolescence.
    • **We RECOMMEND** caution in food elimination in children with food allergy in order to prevent undernutrition.
    • **We COMMIT** to continued improvement of HCP on allergic conditions through CMEs.
11. RESPIRATORY MEDICINE

- We RECOGNIZE that clean cooking technology is a key intervention to reduce insults to lung development from biomass indoor pollution.
- We RECOMMEND early ART initiation in HIV as it preserves lung function and improves outcomes.
- We COMMIT to promote asthma education to help reduce stigma.

12. TELEMEDICINE

- We RECOGNIZE that technology can help reach patients in remote areas who otherwise do not have access to health specialists.
- We RECOMMEND use of telehealth interventions which can help improve medical adherence and discourage self-medication.
- We COMMIT to collaborate with other stakeholders to make telemedicine more accessible.

13. EMERGING INFECTIOUS DISEASES

- We RECOGNIZE that Measles and Pertussis are now recent re-emerging diseases despite having components of an eradicable disease.
- We RECOMMEND development of strategies to control emergence of viral hemorrhagic fevers: sentinel surveillance, modernizing wet markets, ban on wild animal trade, conducting field surveys.
- We COMMIT to educate HCPs on emerging infectious diseases.

14. CARDIOLOGY

- We RECOGNIZE that the most common cause of syncope in an otherwise healthy child is neurocardiogenic-benign and transient.
- We RECOMMEND use of pulse oximetry. Pulse oximetry is a safe, cost effective tool for screening for congenital heart disease.
- We COMMIT to promoting screening for congenital heart disease: prenatal, postnatal and on follow up visits.

15. NEONATOLOGY

- We RECOGNIZE that up to 75% of deaths caused by hypothermia could be prevented with essential equipment and trained staff.
- We RECOMMEND inclusion of inputs from the local context, and end-users to design equipment that will enable the provision of skilled care to newborns.
- We COMMIT to improvement of the knowledge and practice of HCPs on management of neonates.

16. DERMATOLOGY

- We RECOGNIZE that in the immunocompromised host, opportunistic fungi, e.g. Aspergillus can lead to both cutaneous and systemic.
- We RECOMMEND adjunctive treatment for household contacts for patient with tinea capitis & the patient includes regular use of an antifungal shampoo, until the patient is free of disease.
- We COMMIT to improvement of the knowledge and practice of HCPs on management of skin conditions.

17. NUTRITION
• **We RECOGNIZE** that maternal obesity is a major risk factor for childhood obesity thus our interventions need to go back into the prenatal period.

• **We RECOMMEND** addressing of factors associated with picky eating: early feeding difficulties, late introduction of lumpy foods at weaning, pressure to eat & early choosiness; parental feeding styles and practices as a way of avoiding picky eating.

• **We COMMIT** to improvement of the knowledge and practice of HCPs on management of nutritional conditions.

### 18. ADOLESCENT MENTAL HEALTH

• **We RECOGNIZE** that pediatricians are central to the sphere of influence changing child survival and transformation of children and adolescents’ lives.

• **We RECOMMEND** in-depth multidisciplinary research, and collaboration to avert school violence.

• **We RECOMMEND** vaccination for all children and adults with IMIDs (immune mediated inflammatory disorders).

• **We COMMIT** to improvement of the knowledge and practice of HCPs on Adolescent Mental Health.

### 19. VACCINOLOGY

• **We RECOGNIZE** that IMIDs (immune mediated inflammatory disorders) are associated with reduced ability to mount immune response to vaccine antigens thus suboptimal protection.

• **We RECOMMEND** vaccination of household contacts of immune-compromised children especially against VZV and influenza.

• **We COMMIT** to participating in strengthening surveillance and laboratory confirmation to follow up the meningitis pathogens trend in the country.

### 20. BRIDGING THE SILOS IN SPECIAL NEEDS CARE

• **We RECOGNIZE** that pediatricians have a role in advocating for children and families to ensure optimal developmental, health and socio-emotional outcomes.

• **We RECOMMEND** the need for inclusion of more indicators for tracking development in ECD.

• **We COMMIT** to improvement of the knowledge and practice of HCPs on their role in advocating for the wholesome care of the child with special needs.

### 21. LEADERSHIP AND GOVERNANCE

• **We RECOGNIZE** that leadership is driven by a compelling vision. There will always be ‘vision derailers’ but one needs to remain focused.

• **We RECOGNIZE** Communication is key in leadership. One cannot be a good leader without being a good communicator.

• **We RECOMMEND** improvement in terms of the third delay in public hospitals. These are often underestimated.

• **We COMMIT** to improvement of the knowledge and practice of HCPs on their role in leadership and governance.

### 22. GENETICS
• **We RECOGNIZE** that genetic testing is indicated to confirm diagnosis, perform risk analysis and guide management.

• **We RECOMMEND** identifying the reason for testing, the person to be tested and the consideration for genetic consultation.

• **We COMMIT** to improvement of the knowledge and practice of HCPs on their role in genetic testing.