



TiBa

A magazine for NTLD-P

ISSUE 2 / April 2019 - June 2019



**The Scorecard:
Quarterly Report
- Q4 2018**

**TA:
NTLD-P Intensifies
Support to Counties**

**ENDING TB
Kenya Launches
2019-2023 NSP**

**WORLD TB DAY 2019
Celebrations**

**IT IS TIME
FOR A**



**TB-FREE
KENYA**



5th Kenya International Scientific Lung Health Conference

DATE

June 25 - 28, 2019

THEME

Business Unusual: A Multi-Sectoral Approach to Lung Health

VENUE

The Nairobi Hospital Convention Centre (TNHCC)

REGISTRATION FEES

Locals: **KES 10,000** (USD100)
Internationals: **KES 15,000** (USD150)



REPUBLIC OF KENYA
MINISTRY OF HEALTH



**NATIONAL TUBERCULOSIS,
LEPROSY AND LUNG
DISEASE PROGRAM**

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The editor welcomes articles from
readers and stakeholders of
NTLD-P.

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Word from the Head, NTLD-Program

Welcome you all to the second edition of TiBa – the official Newsletter of the National Tuberculosis, Leprosy and Lung Disease Program (NTLD-P).

The launch of the National Strategic Plan (NSP) for Tuberculosis, Leprosy and Lung Health -2019/2023 marks a huge milestone not only in the history of the National TB Program, but also in Kenya.

Like the rest of the world, Kenya has committed to ending TB by 2030 which is in line with Kenya's Vision 2030 and Sustainable Development Goals. The NSP's vision is to see Kenya free from TB and Leprosy and reduced burden of lung diseases. It promotes a patient-centred approach to TB prevention, diagnosis, treatment and care that calls for the elimination of fees associated with diagnostic testing for TB, including chest radiography services.

The development of the NSP was realised through many interactive stakeholder meetings at the national and county government levels. Bilateral and multilateral development partners, non-governmental and civil society organisations and representatives of the key affected populations were also engaged.

The 2019 World TB Day theme, 'It's time,' gives us an opportunity to reflect on the progress we have made in recent years. We however, need to reconsider new innovations and approaches so as to eradicate the scourge of tuberculosis in Kenya. I wish to thank our Cabinet Secretary, Mrs Sicily Kariuki for leading this year's commemoration of World TB Day at the Thika Stadium in Kiambu County, as well as other key partners who made the day a success.

With the launch of the 'Maliza TB County Initiative', we shall mobilise domestic efforts to support TB prevention, treatment, and care across the counties. The pilot in Kiambu County will inform the subsequent rollout to the rest of the country by the year 2025.

In addition, we have partnered with the Ministry of Education, Science and Technology in conducting school health programs geared towards awareness and prevention of TB in schools and other institutions of learning. This edition captures these key milestones among other activities that the TB program has implemented and engaged in over the quarter.

I wish to thank our stakeholders and partners for their gracious support towards ending TB in Kenya.

Enjoy reading TiBa!

Dr. Kamene Kimenye



Technical Assistance: NTLD-P Intensifies Support to Counties



Mr. Wesley Tomno from NTLD-P engaging Healthcare Workers at Manyuanda sub-county hospital, Kisumu County during the TA.

By Mbetera Felix | NTLD-P

Several health facilities in six-select Counties benefited from technical support from National Tuberculosis Leprosy and Lung Disease program (NTLD-P).

Kisumu, Nandi, Vihiga, Meru, Mandera, and Wajir counties were selected as the NTLD-P intensifies its support on TB management in the country.

During the five-day exercise, a team of experts from NTLD-P engaged county TB coordinators and managers on TB matters.

NTLD-P specialists shared information and expertise as well as skills, professional know-how and technical data to the county teams. The TB program considers technical assistance (TA) as one of the most effective approaches for building the capacity of health centres to offer quality TB services.

In Kisumu County, Wesley Tomno called for teamwork and clear processes in the implementation of Active Case Finding (ACF).

"We need to intensify our efforts in TB screening and ensure that all presumptive TB cases are not missed but diagnosed during their first visit to our clinics," said Tomno while engaging Nyamira County Hospital Health Care Workers (HCWs).

"We also want to track the progress of ACFs, identify the challenges you face, assess the quality of health care and note some of your best practices," he added.

His sentiments were echoed by Dr Mathews Oluoch, the Medical Superintendent who also called on the NTLD-P to sensitise and empower more HCWs particularly Clinicians on ACF.

"We are also looking forward to screening of all HCWs before the World TB Day," Dr Mathews Oluoch said.

The TA team in Kisumu was led by Mr Tomno and it comprised of Mr John Mutisia, Mr Mbetera Felix and Mr Victor

Kimathi from the NTLD-P, Mrs Josphine Wahogo - National Tuberculosis Reference Lab, Mrs. Stella Omulo - Centre for Health Solutions - Kenya and Kisumu County Health Officers.

The team paid a courtesy call to the County Director of Health, Dr Dickens Onyango. Dr Onyango thanked the NTLD-P for its support in fighting TB in the country. The team also had an introductory session with Muhoroni Sub- County Coordinator Dr Rosebella Amihanda.

The five-day exercise which was funded by the Global Fund and supported by TB ARC II saw the team visit key health facilities in a number of sub-counties including St. Joseph's Nyabondo Mission Hospital in Nyakach and were able to identify gaps that inhibit the successful management of TB in Kisumu County.

The NTLD-P team also looked at ways of strengthening capacity and enhancing ACF mechanisms which are geared towards the realisation of a TB free Kenya. Numerous challenges that could inhibit the success of the program were noted. Some of the key gaps included poor sample networking, inadequate commodity management, low stock levels of TB commodities, expired TB drugs on some shelves and initial loss to follow-up.

Nyakach Sub-county County Community Focal person Mrs. Ruth Ojuka, and the Chief Administrator of the Nyabondo Mission Hospital Father George Nyesi called for more and regular technical support to counties. They thanked the TA mission and the NTLD-P for regular support and the good management of the program

Key participants from Kisumu County included Mr. Timothy Malika – County TB and Leprosy Coordinator, Hellen Ogolla- CMLT, Esther Akinyi – Muhoroni Sub-CTLC, Patricia Odhiambo - Nyando SCTL, Dr Collins Omollo - Muhoroni SCP, Habbakuk Awino- Muhoroni SCMLT, Dr Lawrence Otieno, County Pharmacist, Julius Okuku - Laboratory Manager, and other county health officials ■

Kenya Launches National Strategic Plan for Tuberculosis, Leprosy and Lung Health 2019-2023



CEC Kiambu County Mrs Mary Kamau, Kiambu First Lady Susan Waititu, Health CS Mrs. Sicily Kariuki (C), Hon. Stephen Mule and former Director of Medical Services Dr. Jackson Kioko during the Launch of the NSP 2019-2023.

By Diana Kagwiria | CHS-Kenya

On Friday 22, 2019, the Ministry of Health's National Tuberculosis, Leprosy and Lung Disease Program launched the Kenya National Strategic Plan (NSP) for Tuberculosis, Leprosy and Lung Health 2019-2023 during the World Tuberculosis Day commemoration held at Thika Stadium, Kiambu County.

Speaking during the event, Cabinet Secretary for Health, Mrs Sicily Kariuki, emphasised the importance of the strategy that will ensure a patient-centred approach in closing the gaps along the patient pathway to quality care.

"This strategy will ensure a patient-centred approach to TB prevention, diagnosis, treatment and care, which calls for the elimination of fees associated with diagnostic testing for TB, including chest radiography services," CS Kariuki said.

She added that the strategy was in line with His Excellency President Uhuru Kenyatta's commitment to diagnose and cure at least 597,000 people with TB by 2023 including; 55,000 children, 542,000 adults and 4,500 people with multidrug-resistant tuberculosis (MDR-TB) in addition to providing TB preventive therapy to at least 900,000 Kenyans at risk of TB.

CS Kariuki called for the continued support from partners and stakeholders so as to end TB by the year 2030.

WHO Country Representative in Kenya Dr Rudi Eggers, lauded the launch of the strategy saying that it recognises the importance of strong partnerships and commitment at the national and county levels to end TB by: prioritising the use of proven methods like GeneXpert and newly available TB medicines to diagnose

and successfully treat all types of TB; prioritising operational research needed to inform policies and help improve delivery of TB services and positioning TB control into emerging Universal Health Coverage in Kenya.

Dr Eggers advised that in order to end the TB epidemic by 2030, "... we must ensure universal access to rapid molecular tests recommended by WHO as first-line tests for the diagnosis of all suspected cases of tuberculosis. We must also adopt the new drugs and combination therapies recommended by WHO to treat drug-resistant tuberculosis."

Noting that a considerable portion of the strategy remains unfunded with external funding declining, Dr Eggers called on the national and county governments to invest more resources in TB control in order to realise the aspirations of the new strategy.



Health CS Mrs. Sicily Kariuki, WHO Country Representative in Kenya Dr. Rudi Eggers and Hon. Stephen Mule at a screening camp during the World TB Day celebrations.



Health CS Mrs. Sicily Kariuki engaging a healthcare worker at the medical camp in Thika Stadium during the World TB Day celebrations.



Health CS Mrs. Sicily Kariuki, Kiambu First Lady Susan Waititu and Head NTLD-P Dr. Kamene Kimenyi during the world TB day celebrations.

The U.S. government's contributions to the NSP was through the USAID-funded Kenya Tuberculosis Accelerated Response and Care (TB ARC II) Activity, implemented by Centre for Health Solutions – Kenya (CHS), which provided funding and technical support to ensure a strong strategy that aligns with global goals. Other key partners who have supported the development of the NSP include Global Fund, World Health Organisation and Bill and Melinda Gates foundation.

Representing the U.S. government at the launch, Dr Herman Weyenga of CDC Kenya called on county governments to take up the national strategic plan and adapt it to their local contexts so that it is most effective for their populations.

“As partners, we managed to find about 20,000 TB patients who would not have been found if we had not increased our efforts together,” he also added.

The strategy provides a framework for a multi-sector partnership for Kenya to overcome TB and leprosy as public health and social challenges. It outlines the goal, objectives, strategic interventions and activities over a five-year period considered within the Kenyan health sector's vision and mission for the period 2014-2030. National and county governments, civil societies, the private sector, development partners and other stakeholders have collaborated in its development.

The CS also launched 'The Maliza (End) TB County Initiative' which is aimed at mobilising domestic efforts to support TB prevention, treatment and care. The initiative will be piloted in Kiambu County and it is envisaged that by the year 2025 that all the counties in Kenya will have successfully implemented the initiative.

Other key activities of the day included an on-site medical camp with TB screening to trace missing cases and drama presentations by high school students to create TB awareness.

This year's global theme for World TB Day was 'It's Time' and Kenya's theme was 'It Is Time for a TB Free Kenya'. ■

Bridging the Case Detection Gap through ACF

By Mbetera Felix | NTLD-P



Dr. Jackson Kioko, former DMS addressing participants during the ACF workshop.

The second Active Case Finding (ACF) knowledge exchange workshop was held at Sarova Woodlands in Nakuru County. It brought together County TB and Leprosy Coordinators, ACF facility representatives, medical superintendents and aimed to bridge case detection gaps and focus on finding missing people with TB disease. This year's conference theme was "Bridging the Case Detection Gap."

The Ministry of Health has made significant strides in ending TB with the introduction of a number of interventions, top on the list being facility based ACF which began in 2017 as pilot phase in 13 countries and has since been scaled up to the entire country.

The workshop examined the progress made so far and provided a cocktail of experiences which were vital in steering implementation moving forward.

Dr Jackson Kioko, the then Director of Medical services was encouraged by the presence of technical experts and key development partners who have supported this initiative.

"I believe this team will maintain the momentum and leverage on other existing resources to enable Kenya find missing people with TB in a timely manner, and END TB by 2030. Furthermore, I wish to encourage the experts here to spare sometime to discuss more effective approaches to empower communities to seek medical care in a timely fashion," he said ■

Quarterly Data Review Meeting Held

By Mbetera Felix | NTLD-P

The National TB Program (NTLD-P) quarterly data review meetings for quarter three were held in various counties.

The two-day exercise usually brings together officers from the Ministry of Health, NTLD-P, Counties, and Sub-counties and implementing partners. It reviews and validates data on TB registers and the TIBU systems while keeping track on the gains made towards eradicating TB Kenya.

The forum also addresses pertinent issues that might impede the fight against TB in the country. Through the engagement, the NTLD-P technical officers were able to respond to issues raised by the county teams.

In Nakuru County, Dr Gerald Akeche, Homabay County Deputy Health Director, and Dr Martha Mwathi, Director of Health, Nyandarua County called for thorough data cleaning during the review meeting at Bontana Hotel.



Dr. Gerald Akeche, Homabay County Deputy Health Director, and Dr. Martha Mwathi, Director of Health, Nyandarua County.

They thanked the NTLD-P program for having an efficient structure that addresses challenges encountered in the fight against TB in Kenya. Dr Akeche who has a vast experience in TB management also called for dedication among the County and Sub-county TB and Leprosy coordinators.

Though informally, key partners like Stop TB partnership Kenya have called for the inclusion of communities and Civil Society Organizations at future QRM. The review meetings are coordinated by the National Government through the MOH, NTLD-P and are funded by the Global Fund ■

Review of Performance on TB Management in Kenya

By Mbetera Felix | NTLD-P



Wajir County TB Coordinators during the PRM

This year, the performance review meeting (PRM) that reviews TB indicators performance across all the 47 counties was held at the Sarova Woodlands Hotel in Nakuru County.

The one week forum brings together TB managers and key partners from both national and county on biannual basis to ensure accurate representation and sustainability of TB programming in Kenya.

The meeting also reviewed the performance of 2018 as well as set 2019 goals. It was organised in two clusters and was funded by Centre for Health Solutions under the TB ARC II.

County TB coordinators were also engaged in a consultative forum on county-specific strategies that will be geared towards the development and implementation of the National and County Strategic frameworks.

This was a follow up to the National Strategic Plan (NSP) county executive consultative forum which was held at the Intercontinental Hotel, Nairobi.

The PRM which was aimed at empowering county executives to prioritize on TB control was part of the wider process of developing both NSP and County Strategic plans. Key participants included County Executive Committee (CEC), County Directors of Health (CDH) and County officers of Health (CoH) from all the 47 counties ■

Tuberculosis Quarterly Report 2018-Q4

By Aiban Rono | NTLD-P

Figure 1: TB Case Finding Summary

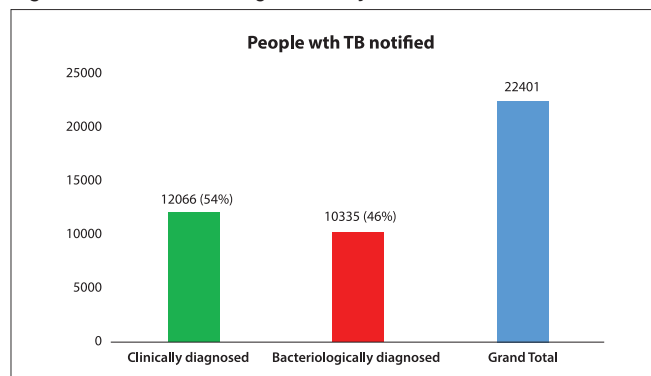


Figure 2: TB Case Notifications per Age Group

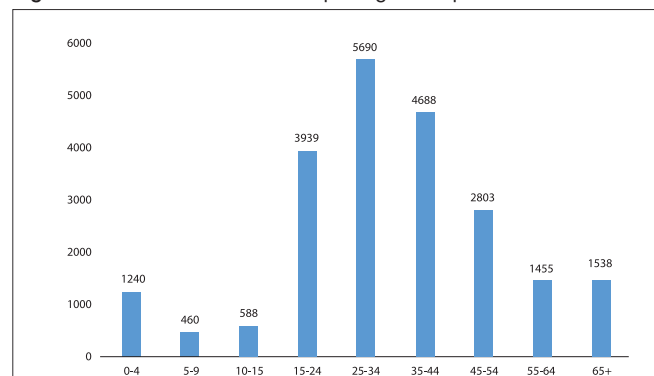


Figure 3: Percentage Sector Contribution

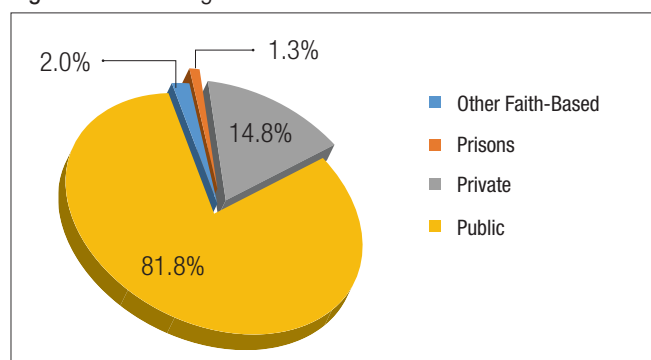


Figure 4: TB/HIV Care Cascade

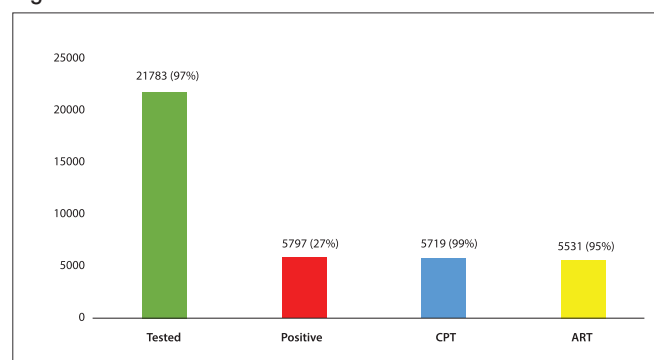


Figure 5: Treatment outcomes (All forms of TB) Q4 2017 cohort

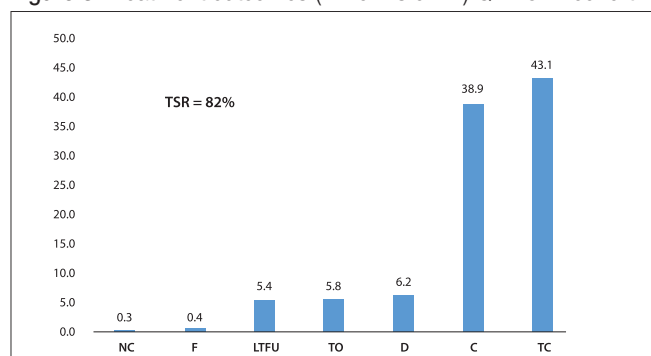
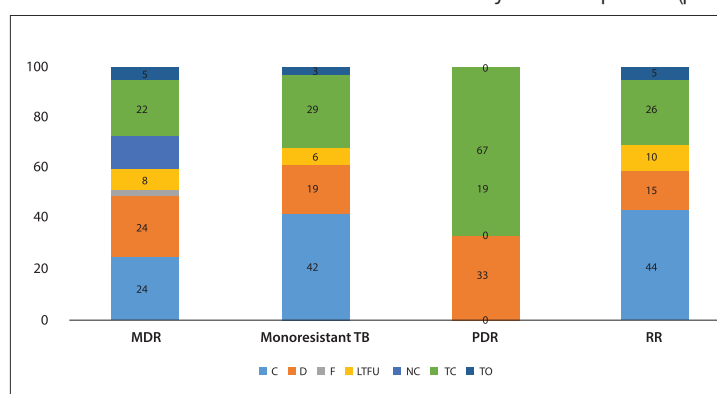


Figure 6: DR TB Case Finding

MDR	12
Mono resistant TB	26
PDR	4
Pre XDR	2
RR	74
Grand Total	118

Figure 7: Treat outcomes for DR TB cases 2016 Q3 cohort by resistant pattern (percentage)



TIBU Scoping



Participants during the scoping.

The NTLD-program and key stakeholders in TB control converged in January at Green Hills Hotel in Nyeri to discuss TB National Strategic Plan, Global Fund and TB ARC II work plans.

The teams met in January to develop functional and business requirements for Information Communication Technology solutions that the TB program needs to implement.

The forum was supported by TB ARC II through USAID. It was aimed at strengthening the TIBU system through creating TB awareness and enhancing the quality of patient-centred care ■

Integrated Curriculum Manual Update



The National Tuberculosis Leprosy and Lung Disease Program (NTLD-P) has updated the Integrated Curriculum Manual.

The manual integrates all the different thematic areas in an easy to read version. It further increases TB case detection and successful treatment of those diagnosed.

The NTLD-P intends to carry out training of trainers training for the TB integrated guidelines to equip over 1500 health care workers with up-to-date information in a bid to achieve the end TB strategy goal of ending the global TB epidemic ■

The Kenya Health Students Summit: Unlocking TB in the UHC Agenda



KEHSS Founder and co-Chair, Ms. MC. Wangari making a presentation.

By Mbetera Felix | NTLD-P

The National Tuberculosis Leprosy and Lung Disease Program (NTLD-P) and Stop TB Partnership Kenya Participated in this year's Kenya Healthcare Students Summit (KEHSS) at the United States International University- Africa in Nairobi.

Led by Dr Irungu, a multidrug resistant specialist from NTLD-P and Mrs. Evelyn Kibuchi, director Stop TB Partnership, the team took the participants through the management process of TB in Kenya. They highlighted the challenges most TB patients encounter during their treatment and the need of a multi-sectoral approach to ending TB in Kenya by 2035.

KEHSS is a conference that brings together healthcare students and interested professionals from all over Africa.

The conference aims at building capacity of Kenya and by extension, African health students on matters pertaining Universal Health Coverage as well as equip them with the necessary soft skills that they will need in their future profession as healthcare practitioners

This year, the summit was held from 08-09 February at the USIU-Africa convened under the theme "Towards a multidisciplinary Approach for the Achievement of UHC in Kenya.

It brought together students from various faculties in various institutions of higher learning. It aimed to provide an avenue for students to interact with key policy and decision makers and to engage them on issues that the normal classroom environment may not touch during course work. It also aimed to create the first cohort of UHC champions from participating healthcare students as well as develop a KEHSS action plan on UHC.

The conference was organised by KEHSS in partnership with Amref Health Africa through the Youth in Action (Y-Act) and the Children Investment Fund Foundation (CIFF) funded Universal Health Coverage projects among other partners.

Other notable speakers were Dr Sylvia Opanga, a senior lecturer at the University of Nairobi's School of Pharmacy, Dr Elizabeth Wala, Director of Amref Health Africa in Kenya's Health System Strengthening Programme, Dr Christine Sadia, Chair of the Kenya Medical Women's Association (KMWA), Dr Amit N Thakker, Chairman of Africa Health Business Limited, Dr Jacqueline Kitulu, President of the Kenya Medical Association and Erick Venant, Founder and CEO at Roll Bank Antimicrobial Resistance Initiative among others ■

Tuberculosis in prisons: Averting outbreaks through screening inmates



Inspector Eunice Akinyi, Warder Clinical Officer incharge of Kisumu Maximum Prison Dispensary screening an inmate.

TB thrives in environments with little ventilation, congestion, malnutrition as well as poor hygiene and sanitation. Just like other infectious diseases, it is associated with poverty as it majorly affects low and middle-income societies.

Already, the screening exercise has taken place at the Kakamega Main - GK Prison, Kakamega county and at the Kisumu Maximum Security Prison. The prison staff members including warders were also screened during the exercise. Community Asset Building and development Action(CABDA) which is local implementing Sub recipient of the Global Fund assisted in the coordination in Kakamega ■

By Mbetera Felix | NTLD-P

The National Tuberculosis Leprosy and Lung Disease (NTLD) Program, AMREF Health Africa in Kenya in collaboration with local community groups have rolled out a screening program that targets prisons in Kenya.

The program which is funded by the Global fund is aimed at screening all convicts and identifying those with TB and put them on treatment immediately. The exercise also recommends preventive measures to stop the spread of TB in prisons. The Ministry of Health through the NTLD-P has provided a mobile Chest-X-ray machine to support the exercise.

The TB Screening also includes collecting sputum samples from the inmates which will be examined through GeneXpert machines.

According to Alice Wanyonyi, Amref Program officer, most prisons in Kenya carryout TB screening and assessment on admission thus reducing the spread of TB in prisons.

"Kakamega GK Prison which has a TB/HIV clinic is a good example," she said. "Unfortunately, prisons have higher

incidence of Mycobacterium TB than the general public due to multiple risk factors like overcrowding, poor living conditions, ventilation and nutrition," she added.

There have been reports of increased TB infections in Malawi prisons this year. In fact, six cases of multidrug resistance TB (MDR-TB) were reported. As a country, we need not to wait for such cases to be reported in Kenya but put up systems and policies that will improve living conditions in prisons across the country.

Prisons are closed institutions. There are close contacts between individuals thus the risk of TB transmission. Most inmates come from population that are socio-economically disadvantaged and NTLD - P is reaching out to targeted communities which also include prisons.

According to Mr Josphat Mutua, the NTLD-P community engagement officer, prisoners live in congregate settings and are among the targeted key populations in TB Control and prevention under the Global funded program.



Screening of inmates at Kakamega GK and Kisumu Maximum Security Prisons.

TB LAM

Sensitisation Package for HCWs Developed



Mrs. Mercy Nyangeresi (NTLD-P) Mr. Kabiru, Mrs. Hellen and Team preparing to test the TB LAM kits.

By Mbetera Felix | NTLD-P

The National TB Leprosy and Lung Disease Program and other key stakeholders have developed a TB - Lipoarabinomannan (LAM) Sensitization Package for Healthcare Care Workers (HCWs). The exercise was funded by the Clinton Health Access Initiative and aimed to enhance TB detection among HIV patients.

GeneXpert remains the recommended first diagnostic test for TB in Kenya. As an add-on test, TB-LAM is recommended for severely ill people living with HIV (PLHIV) as per the WHO guidelines. Consequently, in 2017, the country agreed to adopt the use of TB-LAM to aid in TB diagnosis in eligible PLHIV. This will ensure that the identified patients are initiated on treatment early enough, monitored routinely and eventually have favourable treatment outcomes.

TB is a leading cause of death in HIV infected persons in Kenya. Evidence has shown that HIV and Mycobacterium tuberculosis are two pathogens that



Ms. Najma from Clinton Health Access Initiative during the workshop.

are tragically synergistic in co-infected individuals. More often than not, they impair the specificity and sensitivity of chest X-ray and sputum smear microscopy, the most widely available diagnostic tools for TB thus leading to high mortality among PLHIV. In

addition, persons co-infected with both TB and HIV tend to have poorer TB treatment outcomes compared to HIV negative TB patients.

To achieve the End TB goals, more TB cases need to be identified in persons at high risk of the disease including PLHIV



Dr. Elizabeth Onyango, NTL-D-P and team members reading the test results.

Right: Dr. Joseph Sitienei (MOH), Dr. Omesa (NTLD-P), Najma (CHAI) and team preparing to test the TB-Lam kit



Below: Dr. Kimberly (CDC) Mr. Ramadhan (CHAI) and team testing the TB LAM kits.



and initiate prompt quality care and treatment. Through LAM, a glycolipid component of the Mycobacterium TB cell can easily be diagnosed. The test discriminates active TB disease from latent TB infection independent of human immune responses. Its sensitivity is higher in HIV-infected patients in comparison to HIV-uninfected TB patients.

The test is used for the detection of urinary LAM and requires a drop of unprocessed or fresh urine and the results are read by visual inspection, 25 minutes after applying the urine to the test strip.

According to Dr Sitienei, Head, Strategic Public Health Program for Malaria, TB, and HIV, Ministry of Health, there is a need to bring all partners on-board including the private sector. "The Ministry is actualizing the Health Act. 2017. It will be prudent to ensure that the package being developed is useful to all cadres," he added.

The country plans to pilot the use of TB-LAM in 12 high burden TB/HIV counties and later scale up to the rest of the country. The capacity of HCWs will be built to equip them with the requisite knowledge and skills in performing the test and report as per the standard of procedures. Training of Trainers (CTLCS, CASCOs, CMLTs, clinicians) from the 12 counties will be trained and will later cascade the training to other HCWs. Other key partners who participated in the workshop included NASCOP, CHS, CDC, KEMRI and NPHC ■

The test is used for the detection of urinary LAM and requires a drop of unprocessed or fresh urine and the results are read by visual inspection, 25 minutes after applying the urine to the test strip.



World TB Day commemorations

It's Time for a TB Free Kenya

By Mbetera Felix | NTLD-P

Kenya joined the rest of the world in commemorating this year's World Tuberculosis (TB) Day under the global theme "It's Time" which has been adopted and domesticated to "It is time for a TB-free Kenya". This year, the national event was held at Thika Stadium in Kiambu County and was presided over by Health Cabinet Secretary Sicily Kariuki.

The celebrations began at the Thika level five hospital where CS Kariuki led other dignitaries and guests to inspect the facility, particularly the TB clinic, and engage health care workers on matters pertaining to TB services offered at the hospital.

She later flagged off a procession which was led by the Kenya Prison's band and boda-boda riders, from the hospital to the stadium through Thika town's main streets. It was a spectacle as curious on lookers rushed to get

a glimpse of the procession snaking through the streets.

World TB Day is commemorated annually as a reminder to all that TB today remains an epidemic across the globe, killing at least 1.5 million people each year. Its effects are worst in developing countries.

There was a free TB screening exercise at the stadium that was organised to encourage the public to get tested. Schools that won during the TB school drama festivals also presented their pieces. Key speakers included World Health Organisation (WHO) country representative Dr Rudi Eggers, Centre for Disease Control (CDC) Kenya representative Dr Herman Weyenga, former Director of medical services Dr Jackson Kioko, and Kiambu County first lady Mrs. Susan Waititu.

CS Kariuki later launched the 2019-2023 National strategic Plan for TB, Leprosy and Lung Health, Maliza TB county initiative, an initiative that targets domestic resources mobilization for TB prevention, treatment and Care as part of strategies of ending TB by 2035 and awarded the best schools for their informative skits. ■

World TB Day is commemorated annually as a reminder to all that TB today remains an epidemic across the globe, killing at least 1.5 million people each year.



Wajir Residents Mark World TB Day

By Wajir County Government Press Service

Wajir residents joined the rest of the world in marking World Tuberculosis Day at the Orahay grounds led by county health officials.

County health head Abdullahi Mohammed reiterated the county's commitment to end TB in the devolved unit, pledging to increase TB diagnostic facilities from the current 22 to 30 by the end of 2020.

He was flanked by the Chief Officer of Medical Services Ahmed Guhad Omar at the event dedicated to create awareness about the devastating health, social and economic consequences of TB.

This year's theme of 'It's time for a TB free Wajir County', envisages to scale up prevention, increase access to TB treatment and put an end to stigma associated with the disease.

It also seeks to boost accountability, sustainable financing including for research and promote an equitable, rights-based and people-centred TB response.

Also attending the event were CCOs Farhia Hanshi, Rahma Dekow and County Health Management Committee, Hon Adan Ismail-MCA BUTE and Chair of Health Committee in the Assembly, Hon Mohamud Maalim-MCA Malkagufu, Hon Rashid Mohammed-MCA Wagberi and Hon Mohammed Shalle-MCA Hadado Athibohol ■



Wajir County representatives during the world TB day celebrations in Wajir town.



2019 World TB Day/ NSP Launch



World TB day community outreach through roadshows in Kiambu county. The caravan traversed Kikuyu, Wangige, Ndenderu, Ruaka, Ndumberi, Kiambu, Kirigiti, Ruiru, Juja and Thika towns.



Dr. Rudi Eggers, WHO Country Representative in Kenya.



Dr. Herman Weyenga, CDC Kenya



Hon. Stephen Mule, MP. Matungulu Constituency.

TA in Kisumu County



Elvis, Dr. Polly, Dr. Newton, Wendy and Glory (NTLD-P).



Josephine Wahogo (NTRL) and Julius Okuku - Lab Manager Kisumu.



Dr. Kamene & Dr. Sitienei (NTLD-P).



Tess & Wandia (CHS).



Maurine, Dr. June & Anne (NTLD-P).



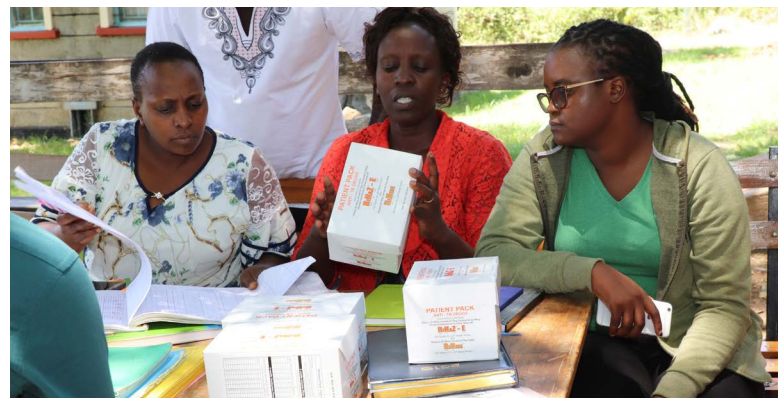
Dr Irungu & Dr. Omesa (NTLD-P).



TA Team visiting a TB clinic at Nyabondo Mission Hospital.



Martin, Dr. Elizabeth, Dr. Kamene, Dr. Muleshe and Kiplimo (NTLD-P).



TA Team assessing TB commodities at Manyuanda sub-county hospital.



Christine (Amref-K) and Wandia (CHS).



Dr. Kiogora (NTLD-P).



Team assessing TB patients' records.



Dr. Onyango (CDH), Tomno & Josphine

Journalists Trained on TB Management and Reporting



NTLD-P facilitators and Journalists from media houses in hard to reach regions during the training.

By Mbetera Felix | NTLD-P

The National Tuberculosis Leprosy and Lung Disease Program (NTLD-P) held two successful rounds of training sessions with journalists on TB reporting, treatment and care.

The interactive sessions targeting mainstream media journalists took place on different dates in Machakos and Nakuru Counties.

The first round of the training was held in December 2018 and targeted journalists from Samburu, Turkana, Laikipia, Isiolo, West Pokot, Wajir, Mandera, Garissa, Lamu and Tana River counties.

The second round was held on 11th March 2019 - a week before the commemoration of World TB day- and saw the training of health reporters from major media outlets in Nairobi and Kiambu Counties.

The training workshops are implemented every three months with the aim of boosting media understanding on TB for accurate information in their reporting.

Such trainings are very productive and should be organised on regular basis. I feel lucky for having the opportunity to be part of this training and learning from professional TB experts.

Some positive results have already, been realised following the interactive sessions as seen in journalists engaging TB specialists from the NTLD-P and partners. Journalists from the Kenya Broadcasting Cooperation and People Daily are leading examples.

According to Dr Stephen Muleshe, Head of TB care and treatment section at the NTLD-P, increased reporting on TB this year is notable compared to previous years. There has also been notable improvement on how TB stories are articulated.

"My colleagues and I have already participated in a number of talk shows on television and radio. I have also read a number of stories on TB champions and survivors in our papers. This is very encouraging and I hope our communication team will sustain these efforts," said Dr. Muleshe.

The NTLD-P recognizes that media plays a crucial role in disseminating health information.

It is for this reason that the NTLD-P has endeavoured and is committed to train journalists on quarterly basis and share TB basic facts.

In addition, issues related to Universal Health Coverage, social protection and human rights when reporting on TB will be incorporated in the training workshops.

It was noted during the trainings that a number of health journalists lacked knowledge and specialised training for dissemination of TB news and information thus leading to misrepresentation of facts

Most health journalists need to be empowered on how to handle and interpret TB data.

According to Emily Bade from KBC, the program needs to regularly engage and train health journalists.

“The health authorities are often unwillingly to share health information with the press, leave a lone meeting the press. There is still absence of latest health statistics and minimal or lack of medical training thus hard for us to effectively report on health issues, TB not excluded,” she said.

“Such trainings are very productive and should be organised on regular basis. I feel lucky for having the opportunity to be part of this training and learning from professional TB experts,” she added ■



Dr. Muleshe (NTLD-P) making a presentation.



1



2

1,2,3,4,5 - Journalists following proceedings during the training.

6 - Ms. Janice Njoroge, Amref Kenya Communications Manager making a presentation during the training.



3



6



4



5

TB, Law and Human Rights



Lawyers sensitised on handling TB cases

By Mbetera Felix | *NTLD-P*

Many tuberculosis (TB) patients are not aware about the useful provisions in the Constitution and how to utilise them to have their rights respected and promoted by the government. There are several laws and policies that promote the rights of TB patients. The Constitution of Kenya, for example, has established a more expansive and progressive bill of rights whose provisions can be relied on by persons living with and or are affected by TB and Human Immunodeficiency Virus (HIV).

The provisions in Article 27 of the Constitution of Kenya 2010 outlaws discrimination on the basis of one's health status. It guarantees rights and freedoms including right to health, privacy, life, dignity, non-discrimination, access to information and consumer rights, all of which can be used to protect persons with tuberculosis.

In cognisance of this situation, the National TB, Leprosy and Lung Diseases Program in collaboration with AMREF Kenya, KELIN, StopTB Partnership Kenya and Pamoja TB Group have rolled out a training program targeting lawyers in the country.

Already, over 50 lawyers have been trained on TB, Law and Human Rights. The sensitisation workshops which took place in Machakos and Mombasa Counties were necessitated to capacitate lawyers to deal with cases related to TB and the Right to Health.

This is based on the fact that Lawyers play a crucial role through litigation, legal advisory services, and criminal prosecution, among others in ensuring the realisation of rights of the general public. They thus need to be empowered with the right information to be able to deal with TB-related cases.

During the trainings, lawyers were sensitized on the various TB related legal and ethical issues, challenges posed by TB and the available mechanisms for redress. They also held discussions on the strategic role lawyers play in creating an enabling legal environment for persons suffering from and affected by TB with emphasis on members of key affected populations.

It is expected that through the training sessions, more awareness will be created among lawyers on the role of the law in protecting the rights of people affected by TB.

It is also envisioned that the complex legal jargon and human rights TB related issues will be addressed. The sessions will also allow lawyers to take part in the legislative process and participatory governance, and discuss limitations to access to justice and health care services for persons affected by TB.

Additionally, the programme targets to create a pool of lawyers interested and empowered to attend legal aid clinics, listen to cases and undertake strategic litigation to ensure the promotion and protection of the right to health.

Policies and practices that explicitly address human rights are also integral part of national TB responses. Leading health agencies like Stop TB Partnership and WHO have urged national stakeholders to build TB initiatives that focus on the link between the protection of human rights and the effectiveness and efficiency of national TB responses. The trainings will thus play a key role in empowering TB patients and help manage TB Kenya. ■

“It is expected that through the training sessions, more awareness will be created among participants on the role of the law in protecting the rights of people affected by TB”



Lawyers from Nairobi county during the workshop at the Maanzoni lodge, Machakos County.

TB Free county Initiative launched



Health CS Mrs. Sicily Kariuki and Kiambu First Lady Susan Waititu launching the Kiambu TB free Initiative.

By Mbetera Felix | NTLD-P

Kenya has unveiled “The Maliza TB County Initiative” that targets the screening and treating of people living with TB.

The initiative launched during the world TB day at Thika Stadium, is set for piloting in Kiambu County and will later be rolled out to the rest of the country by 2025.

Through the initiative, the National TB Leprosy and Lung Disease Program (NTLD-P) and other key partners will mobilize domestic efforts to support TB prevention, treatment and care.

According to Dr Rodha Polla, “The Maliza TB Kiambu County Initiative” will aggressively approach and screen the whole community to identify persons with lung TB and those infected with the TB germ but

not disease at the household level, schools, workplaces, health facilities and the community forums.

“This will be achieved through screening programs for targeted groups and the use of “Health Centres on Wheels”, which is a mobile clinic that is equipped with X-ray and GeneXpert machines that will go round the community. Our target is to achieve 90% of the entire Kiambu County population screened for TB each year,” said Dr Polla.

The screening will include symptom screening, chest x-ray, testing with GeneXpert MTB/Rif assay for all persons attending health care facilities and similar approaches for outreach services with the aim of reaching everyone including those without obvious risk factors for TB.



90%

Kiambu County population to be screened for TB each year.

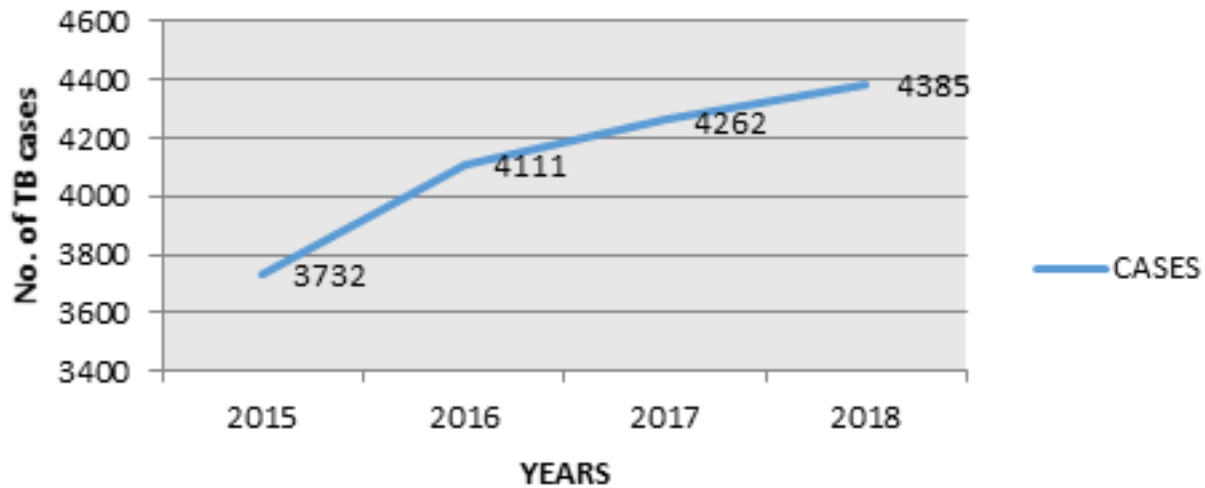
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TB ranked 6th cause of morbidity and 9th cause of mortality in the county respectively, according to the Kiambu County Strategic Plan (2014-2018),



Top: Hon. Stephen Mule and Kiambu First Lady Susan Waititu committing to support the Kiambu TB free Initiative.

TREND OF TB CASES 2015-2018, KIAMBU COUNTY



In addition, TB screening and testing will be combined with screening for other common diseases especially those linked with TB particularly HIV, Diabetes, Hypertension, Prostate, Breast and Cervical cancers, Undernutrition and smoking among others.

Appropriate treatment for persons with active TB disease and for those with latent TB will be provided through the initiative.

Already the secretariat has engaged the county leadership. Before the world TB Day, the secretariat led by Dr Kamene Kimenyi, Head, NTLD-P and other key stakeholders paid a courtesy call to his Excellency Hon. Ferdinand Waititu, Governor, Kiambu County. They had a one on one engagement with Mrs. Susan Waititu, Kiambu First Lady, and members of the executive including CEC health. The secretariat later met the MCA's with the aim of pushing for local support and legislations that will support the initiative.

This will be achieved through screening programs for targeted groups on regular basis.

WHY KIAMBU ?

Kiambu County was considered for the pilot because it has a large TB disease burden and contributes significantly to the pool of missing persons with TB. According to the Kiambu County strategic plan (2014-2018), TB was ranked 6th cause of morbidity and 9th cause of mortality in the county respectively. The case notification rate of TB in Kiambu County in 2017 was 250/100,000 population and the TB trends have been on the rise over the years, making it one of those counties with the highest TB burden in Kenya.

Based on the 2009 Kenya population census, the population of Kiambu is currently estimated to be 1,623,282. In addition, Kiambu County is considered one of the wealthiest Counties in Kenya. Its economy is driven by agriculture and manufacturing. Even though the majority of Kiambu County's residents are small scale farmers growing tea and coffee among other crops, the County also has large scale coffee and tea farms. Many of the small scale tea and coffee farmers are organized into farmers' co-operative unions. There are also several large manufacturing units in the County. As a result of its close

proximity to Nairobi, Nakuru, Kajiado, Murang'a and Nyandarua Counties, Kiambu County's urbanization rate is at 60%, higher than the national average. Further, its relatively large urban population is significantly multi-ethnic.

Regarding the health sector, Kiambu County health care system is hierarchical in nature from community health units to large referral hospitals. Health service provision is through public, faith based and private health facilities with a total of more than 300 of these facilities available in the County. The County has a wide range of workforce with a doctor to population ratio of 1:17,000 and the nurse to population ratio of 1:2,000. The County has well organized community units and active community health volunteers which offers great opportunity for screening of people for TB and other common diseases.

Financial resources, therefore, will be mobilized almost fully from domestic resources through the national government, the Kiambu County government, local industries, private individuals and foundations from Kiambu County and other implementing health partners ■

Saving families from the shackles of TB: The story of baby Enock and his father



Enock Kibet (in a yellow polo shirt with black stripes), a child who had multi-drug resistant TB at 2 months with his father, mother, two brothers, and Emily Misoi, Sub-County TB Co-Ordinator, Kuresoi North, Nakuru County.

By Diana Kagwiria | CHS – Kenya

Inside a small semi-permanent house in Kuresoi, Nakuru County, three-year-old Enock Kibet clings on his mother's neck as they giggle at each other. Shortly after, his father and two brothers join in and excitedly greet us.

"Despite our minimal resources that have led us to live here on this farm as squatters, we call ourselves the luck family. We have been to hell and back. These smiles you see on our faces right now were a rare gem in this home a few years ago. We wished for one then but we could not because of Tuberculosis that had set up a tent here. The disease saw people whom we regarded as friends desert us, as they feared we would pass on the bacteria to them. It was a really difficult time for us," Lorna Kipkemai, Enock's mother, opens up.

Back in July 2016, Enock's father Robert Kipkemai developed a cough that he thought was as a result of the cold weather and would go away once the season came to an end. However, the cough persisted through the warmer weather prompting him to buy over the counter cold drugs at a local chemist.

"The drugs I bought in the chemist gave me a short-term recovery in the sense that once I was through with

Apart from covering for their entire medical bill, the NTLD-Program further supported the family by offering them a monthly stipend of USD \$120 for their daily balanced meals. They also supported the healthcare workers who visited them daily to offer medication and monitor their progress with transport.

taking them, the cough come back. I would go back to the chemist to buy some more and the cycle continued up to December 2016 when my wife advised me to seek treatment in the nearby hospital. By now my situation had worsened. I had lost a lot of weight, had night sweats, fever and the cough had worsened in that I was coughing a blood-stained sputum," Robert shares.

After several tests in the hospital, Robert was diagnosed with multi-drug resistant tuberculosis (MDR TB) and put on medication. "Being told I had MDR TB disturbed me a lot but a few weeks after taking the medication, I began regaining back my health. The cough, night sweats and the fever experienced minimised and I began gaining back my strength as days went by," he says.

It is during this period that Enock was born, rekindling the family's lost happiness with his presence and his father's positive response to treatment.

One day they were visited by a group of health care workers who were carrying out tuberculosis contact tracing. "We had come to do tuberculosis contact tracing in this village in 2017. We passed by this homestead after the Community Health Worker alerted us that there was a two months old baby living with a MDR TB patient who they were treating and used to visit them frequently," Emily Miso, the area Sub County Tuberculosis Coordinator interjects.

"Luckily, we had recently undertaken a paediatric training organised by the National Tuberculosis Program and we wanted to do Continuous Medical Education. We found Enock coughing and we thought he was a good candidate to do the demonstration with for the healthcare workers. We invited Enock for tuberculosis screening at the hospital and that is when we discovered he had contracted MDR TB," Emily continues.

During that period the healthcare workers realised that they were also treating the father as a patient of drug susceptible TB. The challenge for treating Enock came in as there was no formulation for treating MDR TB in children. Upon contacting the National Tuberculosis, Leprosy and Lung Disease Program (NTLD-Program), they were advised to refer Enock to Kenyatta National Hospital for treatment. Being the first youngest MDR TB patient at two months, Enock was admitted in the hospital and put on medication immediately.

The pharmacists at the Kenyatta National Hospital compounded the MDR TB adult dosage to get a formulation that they put Enock on. Five months later he was discharged and his subsequent treatment was to be administered from home after he responded well to the medication.

Apart from covering for their entire medical bill, the NTLD-Program further supported the family by offering them a monthly stipend of USD \$120 for their daily balanced meals. They also supported the healthcare workers who

visited them daily to offer medication and monitor their progress with transport.

After 20 months of treatment, Enock and his father fully recovered from MDR TB, however, they still go for clinical reviews on monthly basis. The family is happy the TB has not reoccurred. Enock's parents are preparing him to enrol in school next year. His father having regained his health has gone back to doing business to support his family.

Looking back, the family is grateful for the support they got, "If it were not for the support we got, this disease would have by now wiped out my family. The money spent on treatment is too high for a common man's family like mine. We are truly thankful even for the guidance I got on how to prevent the spread of the disease to the other people especially my wife and children whom I interacted with most," he concludes.

Centre for Health Solutions-Kenya through the USAID funded Tuberculosis Accelerated Response and Care (TB ARC II) activity is continuing to support NTLD-Program to reach families like Enock's with an aim of reducing the incidence, and TB related morbidity, and mortality in line with the 90-95-0 targets to End the TB epidemic in Kenya.

The activity is a follow up of its predecessor TB ARC which had adopted collaborative approaches to finding more people with TB, supported and rolled out better diagnostic services and, initiated relevant and effective capacity building approaches for health care providers alongside many other innovations. ■

Being told I had MDR TB disturbed me a lot but a few weeks after taking the medication, I began regaining back my health. The cough, night sweats and the fever experienced minimised and I began gaining back my strength as days went by.

School Health Drama Festival: Fighting TB through theatre



Students performing a choral verse on the effects of TB during the World TB day celebrations.

By Mbetera Felix | NTLD-P

The National Tuberculosis Leprosy and Lung Disease Program (NTLD-P) and Key partners have rolled out school health drama festival to five high burden TB counties as part of national efforts to increase TB awareness for vulnerable populations.

The festival is aimed at creating awareness and understanding of TB prevention, treatment and care through drama among students, teachers and subordinate staff. It also aims to encourage TB screening and early TB diagnosis.

This year, the TB awareness drama festival with the theme “It is time for a TB-Free Kenya” was held as part of the pre-world TB day activities. The two-day festival brought together high school students from Kiambu, Kisumu, Mombasa, Meru and Nakuru Counties.

The festival culminated in the World TB Day celebrations where the winning schools were awarded trophies, textbooks worth Kshs 5,000 and desktop computers for

Through the festival, students have the possibilities of increasing TB awareness among their peers, the general school population, home and the community as a whole.

their creativity and prowess in dramatization of TB related concepts by the Health Cabinet Secretary, Mrs. Sicily K. Kariuki.

The winning schools included Limuru Girls, PCEA Kikuyu Boys, St Angela's Kiambaa (Kiambu County), St. Charles Lwanga, Changamwe and Mirima secondary schools (Mombasa), Nyakachi, Kisumu Girls and Onjiku Boys (Kisumu), PCEA Kambala, Nakuru and Moi Girls (Nakuru), Karama girls, Kanyakine and Njia Boys schools (MERU) and Joytown special school from Thika.

The festival was organised by the Ministry of Health's NTLD-P in partnership with the Ministry of Education, Amref Health Africa in Kenya, and the Centre for Health Solutions- Kenya (CHS) among other partners and was supported by the Global Fund

School children are considered to be powerful change agents when equipped with the right information as taught in learning institutions. Through the festival, students have the possibilities of increasing TB awareness among their peers, the general school population, home and the community as a whole.

Earlier, sensitisation meetings that brought together County Directors of Health, CECs Health, County TB and Leprosy Coordinators, County School Health Programme Coordinators, Sub County TB and Leprosy Coordinators and Sub County School Health programme Coordinators were held in the five piloted counties. The meetings attracted a good number of principals, matrons, and school nurses from boarding secondary schools



Sensitisation of principals, matrons, and school nurses from boarding secondary schools on school health drama festival.



Health CS Mrs. Sicily Kariuki awarding winners during the world TB day celebrations.



Winners of the school health drama competition performing their pieces during the world TB day celebrations.

KIBUCHI



Evaline Kibuchi is the current Chief National Coordinator of Stop TB partnership Kenya. She shares with us the process of her journey to becoming a tuberculosis (TB) activist and champion, and how she pushes forward her TB agendas in passion.

By Mbetera Felix | NTLD-P

1. Tell us about yourself. Who is Evalin?

Evaline Kibuchi is an ardent TB advocate, a cause I have pushed since 2008. I am the Chief National Coordinator, Stop TB Partnership - Kenya as well as the Director, Africa TB Parliamentary Caucus. My goal is to touch lives. I have the opportunity to do this through TB response.

2. How did you get involved with your cause?

I didn't know I would get so engrossed in my job. My passion started on realising that TB, which was, and still remains curable was taking away lives. My first assignment, in 2008, was to raise the profile of TB among Civil Society Organizations (CSOs), media and the political leaders. It was difficult to even gather or convince CSOs and MPs to attend a TB related forum. Most of them thought TB was not a big issue.

3. Why did you become a TB champion and for how long have you been in practice?

My passion was drawn by the many TB related deaths and suffering. I could not understand why the Government allowed a treatable disease to take away lives. I mean, people sacrificed to prolong lives of the terminally ill patients such as cancer patients yet did little to cure patients with the curable disease. This gave me sleepless nights.

I once received an email from one desperate USIU student, "I am going to die soon. I want people to know what will kill me," it read in part. "I am suffering from a TB strain that is resistant to treatment. I am informed there are no drugs for this strain in Kenya. I am therefore getting ready for my death. I have tried reaching out to my MP (a presidential candidate then) to no avail."

Seeing his desperation, I teamed up with my fellow TB advocates and decided to work with him until he got a solution. From trying to change his citizenship to Rwandese (Rwanda had free treatment then), to trying to ship drugs from Geneva. Luckily, he got cured and is now a TB champion. Such a successful happy ending gives me the drive to continue. Sadly, some TB advocates whom I have personally mentored have passed on. The deaths of Luceta, Charles Kiminza and young Joyce chipped off a block from my advocacy spirit. Oftentimes, I feel like I want to give up. But God has entrusted us with lives. I work knowing this is Gods assignment and I must not fail Him.

4. What do you do as a TB activist?

My business as an advocate is to see a seamless overall provision of TB services while observing that human rights for TB patients are upheld. My focus is on adequate funding, favourable policy environment, and provision of adequate, proper and appropriate facilities. I pay close



Mrs. Evaline Kibuchi.



Mrs. Kibuchi in Geneva, Switzerland during the SDGLive meeting.

attention to human resource and the entire sphere of service provision (diagnosis, treatment, management, post-treatment management).

5. What was your first experience as a TB activist?

I have had numerous experiences, some exciting while some are sad and draining. I once went to get first hand stories of TB patients at the Kenyatta National Hospital (KNH). I was met with contempt. The health care workers turned me away accusing me of intending to 'expose' them to the media. But with the intervention of the public relation officer, I was able to access the facility and the patients. With the stories, we were able to push for adequate drugs for all patients and the allowances to facilitate travel. Eddy Chichi is one of the patients who recovered and continues to champion for the rights of TB patients.

6. How did you get involved with Stop TB partnership Kenya and how is it related to Stop TB Partnership?

There was a gap in TB advocacy. Four years later after establishing STOP TB with my colleagues, we got funding from USAID. I saw this as an opportunity to advance my advocacy on a broader platform. That is how I jumped ship to join STOP TB Partnership as the first ever Chief National Coordinator.

7. How do you balance your life and profession?

There is almost no line between the two. TB knows no weekend or hours of the night. I get calls any time of the day from patients, media houses and other partners. I am not able to put them off.

8. How do you connect to the TB community or to your cause?

It's about maintaining relationships and making sacrifices for them. A very expensive affair. A TB patient, for example, calls saying he/she has been referred for an X-ray and does not have money to pay for it. What do I do? Your response may cost a life you know. I often take TB response personally. I have learnt to connect with the TB

community, offer solutions where I can and become a source of solutions rather than a conduit to the problems

9. What success can be attributed to your cause?

The allocation of funds by Parliament in 2014 for procuring TB drugs when there was no stock in the country. It was the first time I engaged Hon. Stephen Mule, Member of Parliament, Mantungulu constituency.

The restoration of the TB Manyattas in Isiolo when they were about to be converted to County Government offices and the establishment of both the National Parliamentary TB and the African Parliamentary TB Caucuses which have increased political will for TB responses.

With support from partners like KNCV Foundation, I have mentored many TB advocates. Some include Steve Anguva who is very promising and Steve Otieno who we met through Facebook. This year, he was invited by WHO to perform at the World TB Day commemorations due to his desire to use his music for TB advocacy

The list is long! Wouldn't have done it alone without other advocates, CSOs and the media as well.

10. What are some of the biggest challenges you have faced as TB champion?

Annual reviews by the Green Light Committee. It determined the number of MDRTB Patients we could put on treatment as a country based on their assessment of our capacity. As at 2008, they could only authorise 40 MDRTB patients! The rest had to wait until the next visitation the following year. Most of them died waiting leaving a long trail of new infections. Also, there were no MDRTB confirmatory tests in Kenya. The samples were shipped to Australia, a process that took between six months and one year. Some patients never got to know their results.

11. What are some of the progress we have made as a country in ending TB in Kenya?

I started working on TB when the country was rated 10th of the 22 High

Burden Countries. In a few years, we had moved 8 positions to 18th (before WHO changed to ranking system). There was a gross abuse of human rights for TB patients, for example, jailing TB patients and putting infectious TB patients on a waiting list, lack of MDRTB/XRTB drugs, limited political will among others. I see where we have come from to date, I can only say there is hope.

12. Going forward, what should we do as a country to ensure we End TB by 2035?

Efficiency! We need to plan with no donors in mind. Utilise the resources we have well and cut back on some of the engagements that have little value of the end goal of ending TB by 2035.

TB should also be considered a social problem with social interventions by supporting community interventions. Missed people are practically in the communities and should be brought out by fellow community members, not the medical fraternity. The implementation of the big four agenda would also be a big success for ending TB in Kenya.

13. What is your advice to the budding TB champions working with the Program?

Money and salary should not be the outcome of your advocacy. Be driven by passion and set goals.

14. How can one become a TB champion? (Any special skills required)?

The most important attribute is passion. Second is networking and maintaining relationships. You can't do advocacy alone, you need numbers. Third, be a problem solver, don't look for faults, look for solutions and learn to do research. Fourth, never open your mouth until you have enough reliable data and finally, be prepared to take a bullet for the cause ■

FIKIA Project Increased Pediatric Case Finding in Nine Counties



Geoffrey Moemi, Centre for Health Solutions - Kenya, Training Co-Ordinator looks at a child's chest x-ray in a chest clinic.

By Ann Masese and Patrick Angala | CHS – Kenya

The World Health Organisation (WHO) estimates that 10-15% of notified TB cases are children; in 2016, children with TB represented only 8.7% of Kenya's total notified TB cases. To increase efforts to find more children with TB, the Centre for Health Solutions - Kenya (CHS) established the FIKIA Project in July, 2017. This project is implemented in partnership with the National TB, Leprosy and Lung Disease Program and County Health Departments and supported by STOP TB Partnership's TB REACH Strategic Initiative.

FIKIA aims to increase TB case finding in children under 14 years old across 9 counties with the highest TB burden in Kenya: Nairobi, Mombasa, Kericho, Siaya, Kirinyaga, Machakos, Makueni and Garissa.

To conduct active case finding in the nine counties, a total of 201 facility volunteers were trained to systematically screen children at paediatric outpatient and maternal and child health departments in 100 facilities. Volunteers were critical in reducing initial loss to follow up by linking all children with symptoms of TB to clinicians, laboratories, radiologists and chest clinics for further evaluation and management.

Facility volunteers and clinicians carried out active contact management at chest clinics. A combined Child Contact Management (CCM) register was developed to record and monitor all child contacts. All bacteriologically confirmed index patients had their child contacts enlisted in the CCM register and were invited for screening. All children who tested positive for TB were started on anti-TB medication and those under 5 years old who did not have symptoms of TB were initiated on Isoniazid Preventive Therapy (IPT).

Some of the critical lessons learned were that health care workers were not actively asking about child contacts and the cost of transport limited the number of children contacts coming in to the health facilities for evaluation. To address these issues, the project created awareness about the importance of child contact management and trained health care workers to use the child contact management register to track and monitor child contacts and further provided KES. 300 to every index patient who brought in their child contacts for screening. The health care workers capacity building and transport incentive increased the number of invited contacts from 27% at the beginning of the case finding activities in August 2017 to 91% in September 2018.

Another factor that limited TB case detection was the cost of chest X-ray services, which are a critical tool in diagnosing TB in children, who are often unable to produce sputum. To make chest X-rays available to more patients, the FIKIA project formalized agreements with both public and private radiology centres to provide the service to patients for free, while the costs were reimbursed by the project. The intervention allowed more children to benefit from chest X-rays, which also helped to improve diagnosis.

From August 2017 to September 2018, a total of 139,130 children were screened by the project out of which 41,286 entered through maternal and child health departments and 97,844 through the outpatient departments. As at the third quarter (Q3) of 2018, a total of 2,301 children with TB were notified. A review of the county data revealed an increase in the proportion of children notified for TB from 7% in Q3 2017 to 9% in Q3 2018.

Through the contact management process done by facility volunteers and clinicians at chest clinics, 8,060 bacteriologically confirmed index patients were registered and 2,022 contacts were identified at supported facilities. Amongst the screened children, 1,613 (87%) were initiated on IPT. 149 (8%) contact children were found to have TB and were initiated on anti-TB treatment.

FIKIA was able to identify the children most at risk and improve both disease diagnosis and provision of IPT simultaneously by focusing on improving child household exposure and the child contact management cascade ■

Dissemination of FIKIA Project Findings



Dr. Enos Masini (WHO), Ms. Ann Masese (CHS), Patrick Angala (CHS), Dr. Kamene Maurene (NTLD-P), Dr. Paul Wekesa (CHS), Dr. Brenda Mungai (CHS).

Seated - Evaline Kibuchi (Stop TB Kenya), Dr. Kennedy Orwenyo (CDH - Siaya), Dr. Andrew Mulwa (CEC Health - Makueni), Jackson Kioko (Centre), Hon. Esther Pasaris, Dr. Joseph Sitienei (Head, NSPHP), and Dr. Lucina Koyio (CDH - Nairobi).



Dr. Kamene Kimenye, Head, NTLD-P, Dr. Brenda Mungai, Chief of Party, CHS and Ms. Ann Masese, CHS.



Evaline Kibuchi and Hon. Esther Pasaris.



Dr. Jackson Kioko and Hon. Stephen Mule.

**The editor welcomes
articles from readers and
other stakeholders**

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