

NTLD—P Quarterly

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EDITORS NOTE: This volume dedicates itself mostly to the events of World TB day which is annually marked on the 24th of March. It also covers other significant events that the NTLD program was involved in within the first quarter of the year. Also worth noting is that 120,000 PLWHIV have been initiated on IPT by March 2016 and the number is expected to rise to 500,000 by June .

World TB Day 2016 Commemorations

On March 24, 2016, the Ministry of Health through the TB program and partners joined the rest of the world in commemorating the global World TB Day. A stakeholders breakfast was held in Nairobi and was well attended by various distinguished guests ranging from County leaders, international and national parliamentarians health committee, health professionals, development partners, medical students and media all whose presence signified a dedicated commitment towards the ultimate elimination of TB.

“Over the last 10 years, about 4 million Kenyans have been tested with a total of 1.2 million Kenyans have been diagnosed with TB and one million TB patients treated successfully, averting an estimated half a million TB deaths.” Said Permanent Secretary at the Ministry of Health, Dr Nicholas Muraguri.

This effort saved the lives of over 500,000 Kenyans. however, the fight against TB is not over yet. TB remains one of the nation’s largest public health threats.

After the Stakeholders Breakfast ceremony, a procession led by the Kenya Prisons Band walked to Uhuru Park for the official launch of the Mulika TB! Maliza TB! Campaign where 10 symbolic torches were flagged off to the 10 high burden TB counties. These torches were received by the respective county health management teams and used as a platform to heighten the diagnosis and treatment of TB patients in these counties.

Ministry of Health is working to improve TB diagnosis and treatment by working with county governments to adopt the new testing equipment, called GeneXpert®. This equipment tests for TB in under two hours and determines if the TB bacteria are resistant to drugs commonly used to treat TB.

During last year’s World TB Day, the Ministry launched Isoniazid

Preventive Therapy (IPT) to protect people living with HIV and children under five living with TB-infected persons from getting TB. Last year, 100,000 people were started on IPT with another 800,000 Kenyans to be started on IPT by the end of this year. This number will make Kenya

the country with highest number of people accessing this intervention globally.

In addition, a network of trained and skilled health workers have consistently enabled the rapid uptake of new policies and technologies as well as the provision of services across 4,500 health facilities and 1,800 TB testing sites. We applaud all our men and women for their tireless and selfless dedication to ensure that Kenyans with symptoms of TB are tested, treated and cured of TB. Also, County governments’ and the development partners for their overwhelming support for the national TB control efforts.

World Tuberculosis (TB) Day is a globally commemorated day designed to increase public awareness of the TB epidemic. Notably, TB kills nearly one-and-a-half million people each year, the bulk who resides in developing countries



Street procession making World TB Day 2016

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The MulikaTB Maliza TB Campaign

World TB day 2016 in Kenya was the beginning of innovations to: Mulika TB! Maliza TB. Swahili for: Find TB. Treat TB. *Working together to eliminate TB*. Kenya is moving from the usual and common strategies to invest in more high impact interventions through invaluable Partnerships. The focus for this year is creating awareness among all Kenyans to increase case detection and improve treatment outcomes, starting with the Health Care Workers nationally. This way they will lead as role models for the communities in the effort to end TB in Kenya.

A symbolic TB Torch was used to serve as a visual representation of the commitment of both the Government and its partners towards ending TB and 10 of these torches were symbolically released to the 10 high burden counties on the 24th of March at Uhuru Park.

The campaign involved flagging off vehicles with TB Torches to the identified Counties by the Cabinet Secretary, Ministry of Health, the US Ambassador to Kenya and the G4S Chief Officer. There were representatives from the Counties, Infected and Affected communities, the CSOs, Private Sector and the Media who participated at the Launch.

The flagging off idea had been brought about through the parliamentary caucus led by Hon Stephen Mule who is the MP for Matungulu and a member of the parliamentary committee on health.

“We must ensure that the light that is symbolically represented through the torch never go off. This is only going to be possible through continued partnership between the government and all the players, each of us showing uttermost commitment” Said Dr Masini

The G4S vehicles were co-branded with TB messages that serve to create awareness in the respective counties as they pass-through these counties. The arrival of the TB Torch in the Counties will symbolize the commencement of the Campaign of finding new TB cases in the community.

The 10 TB high burden counties namely; *Mombasa, Nairobi, Kiambu, Nakuru, Meru, Kisumu, Kakamega, Machakos, Homabay and Turkana*, were identified to participate in the launch of the campaign that was held in Nairobi on 24th March 2016.



Procession to Uhuru Park and flag off of the torches thereafter

The TIBU Initiative

TIBU is a swahili word denoting “to medically treat”. TIBU is a digital solution dedicated to digitalizing sustainable lung health reporting and routine surveillance. It integrates a majority of program areas. It’s an android based application running on handheld devices and stores data online which is accessible via the internet. Currently, TIBU is being used by over 350 county and sub-county coordinators country. Before TIBU, data collection in the TB program had been manual since the inception of the NTLD-Program. Data was abstracted from the facility register at the TB clinic to the district register by the SCTLC. Consequently, only aggregated reports were available at the national level which was a report of manual tallies by the SCTLC. The limitations of this manual program were numerous.

It is with the above in mind that the digitization process of data collection was mooted. It targeted specific points in the TB Kenya prevalence survey 2015-2016. Development of the software to conduct the survey was done through a collaborative effort with KEMRI and CDC. A mix of dot net framework and web based solutions were employed to actualize the initiative. Currently, the software has already been deployed in the field level and it runs in 4 clusters at ago i.e. both listing and Mobile Field Site- MFS. The software automatically remits data to the central server for analysis and reporting.

Among the target files for digitalizing include a TB and drug resistant TB Register, Isoniazid Preventive Therapy register, Geographic Information System reports and TB Heat Maps, a Leprosy Register, a supervision checklist, Expense sheets, Payment Request, a Tibu Cash portal and approval modules.

Evidently, this is a rich digital repository that can be used to make the fight against TB, leprosy and other lung diseases more effective.

With this digitalization process, various successes have been noted. Among these are, an increased accuracy in reporting which entails a digital tally of data, availability of case based data at the national level, automated data validation checks thus ensuring data precision, availability of quick reports for forecasting and decision making both at county and national level and a digital payment system, approval and reimbursement via Mpesa.

The ICT team is currently carrying out a Rapid Result Initiative (RRI) to enhance the uptake of TIBU phase 2 items which basically involve digital supervision and payments. The initiative has been done in 26 counties. The initiative has yielded timeliness in remittance of funds meant for supervision support. It has also led to the betterment of the user’s capacity to use and maintain their devices. Users also get updates and refresher tips on use of the entire system.

Moving forward, phase 3 of this digitalization process will be about an upgrade of just about all systems. The target systems are an upgrade to new WHO definitions, an overhaul of TB & DR TB Registers, an improvement of CTLC supervision checklists, a tightening of Expense sheets, a TIBU DHIS Integration and an addition of Asthma Register and Reports with IPT Case finding report and Cohort reports.

Curriculum Integration

The TB Program, since July 2015, plan is to have an integrated curriculum accompanied by a guideline which will be used to capacity build the counties in the context of devolution. We plan to train 200 TOTs from the 47 counties who will in turn train 3000 healthcare workers.



NTLD team during one of the trainings in Naivasha in October 2015

Forum for Sharing Country Implementation Experiences



Participants at the forum for Sharing County Implementation experiences

The first forum for sharing country implementation experiences initiated by the Global Fund across TB, Malaria and HIV took place between 20th and 22nd April 2016 in Maputo Mozambique. The TB Program was represented by Dr. Newton Omale who is the local Coordinator for the Global Fund.

World TB Day Pictorials



The Prisons band performing during World TB Day



A mural signed by the public during World TB day



Dr. Nicholas Muraguri Permanent Secretary at the Ministry of Health



Dr. Custodia Mandlhate—WHO Representative



Dr. Joseph Sitienei Head, Division of Communicable Disease Prevention and Control



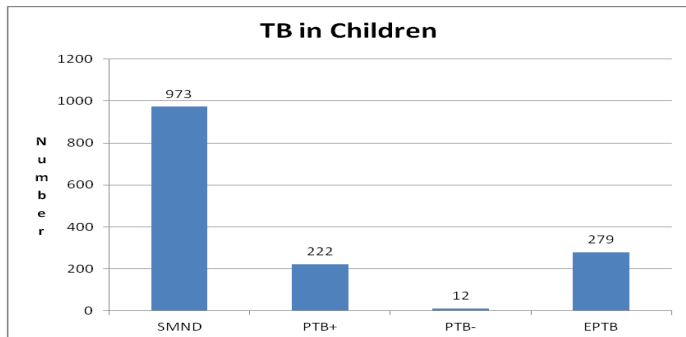
World TB Day Planning Committee in Plenary

Tuberculosis and Leprosy Report Q1 2016

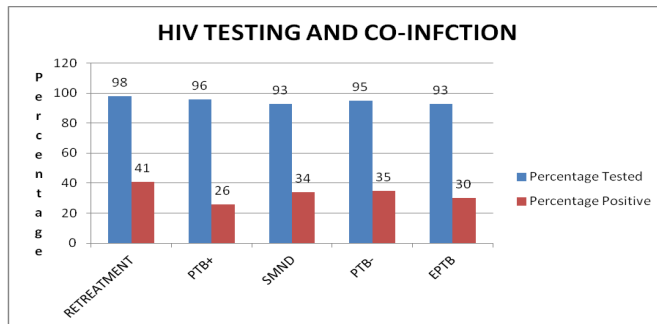
1.1 Case finding Report Q1 2016 using new definitions

New		Previously treated		Total TB cases
Bacteriologically Confirmed	Clinically diagnosed	Bacteriologically Confirmed	Clinically diagnosed	
9371	8202	645	600	18818

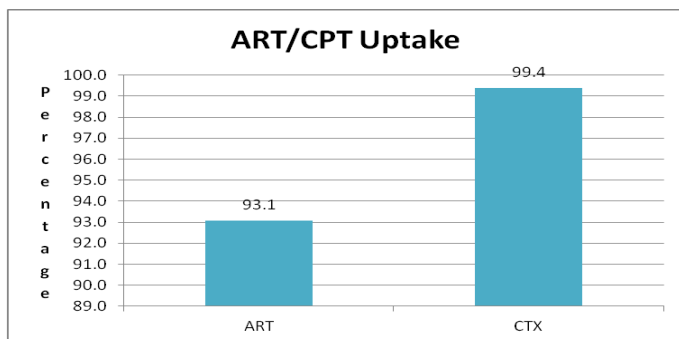
1.2 TB in children Q1 2016



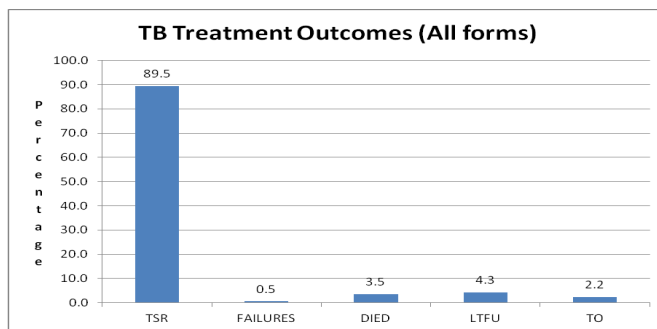
1.3 TB/HIV testing and co-infection rate



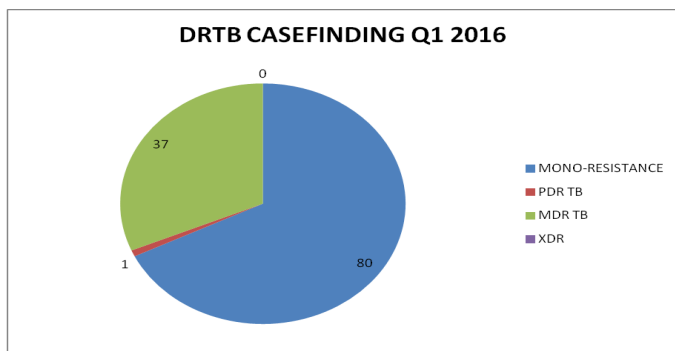
ART/CPT Uptake



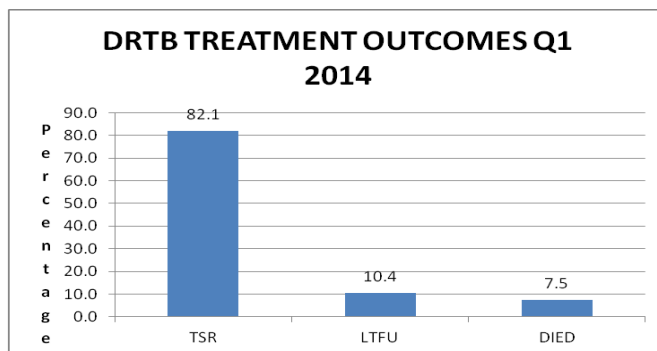
1.4 TB treatment outcomes Q1 2015 (All forms)



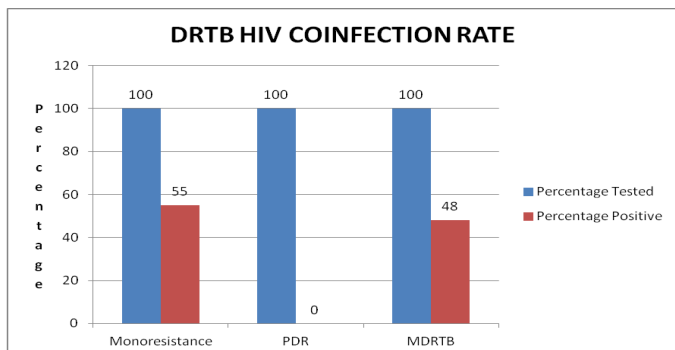
1.5 DRTB Casefinding Q1 2016



1.6 DRTB Treatment outcomes 2013 Q1



1.7 HIV/Coinfection rate among DRTB patients Q1 2016



1.8 Leprosy casefinding Q1 2016

