



NTLD—P Quarterly

Bulletin | Vol. 8 | October—December 2015

EDITORS NOTE: *This quarter's bulletin captures the signing of the Global fund where Kenya and the Global Fund signed grant agreements to expand interventions for HIV, tuberculosis and malaria, It also covers the continuation of the historic Kenya TB Prevalence Survey 2015-2016, a first in independent Kenya. This Bulletin also includes significant events and technological advancements that have been adopted by the program together with its partners*

The Global Fund Sponsors TB Operations

Kenya and the Global Fund on the 15th of September 2015 signed seven grant agreements worth 33 billion Kenya shillings for purposes of expanding interventions for HIV, Tuberculosis and Malaria including efforts to reach one million people with treatment for HIV by 2017. The ceremony which was held at the National Treasury had a good representation of the major partners and supporters of the Global Fund including the U.S. President's Emergency Plan for Aids Relief, the UK Department for International Development, Japan, the European Union, the UK Department for International Development, UNAIDS and WHO, among others.

The Global fund is an international financing mechanism charged with mobilization and disbursement of additional resources to countries to address high disease burden among populations afflicted by HIV/AIDS, Tuberculosis and Malaria. The National Treasury is the Principal Recipient of Global Funds that are directed to the public sector. It is tasked with the financial and programmatic responsibility for the grant. TNT then disburses money to TB, HIV and Malaria control programs of the Ministry of Health who act as sub-recipients.

Kenya is one of Global Fund's High Impact countries with approximately 5% of the global HIV/AIDS disease burden, as well as substantial shares of the Malaria and TB epidemics. The country received the seventh highest allocation from the total available global fund resources for 2014-2016 amounting to USD 495 million. This large investment demands a well thought out strategy for Kenya that not only tackles the disease burden in the short to medium term, but also identifies and mitigates key strategic risks that would stop Kenya from achieving impact on the three diseases in the long term. In terms of effectiveness, the Global Fund Kenya Country Team, in conjunction with the national programs, has developed its own portfolio-level strategy to tackle the diseases, including an increased focus on disease hotspots and key populations; this has resulted in tangible impact on the three diseases.

Speaking at the ceremony, the head of grant management of Global Fund, Mark Edington said: "Kenya is an excellent example of partnership at work" "It is inspiring to see how the country is conducting successful country dialogues, ensuring that partners, civil society and other key stakeholders are represented and interventions prioritized."

Abbas Gullet, Secretary General of the Kenya Red Cross Society, speaking on behalf of the Civil Society organizations, said: "We are glad that we can continue strengthening community HIV response. In this grant, we are delighted to introduce interventions targeting HIV prevention among adolescents and young girls as we continue to strengthen our existing response to the people

most vulnerable to HIV infection notably children born to HIV positive mothers and key populations."

The grants will be managed by four organizations: The National Treasury of the Government of Kenya, the African Medical and Research Foundation, the Kenya Red Cross Society and the Kenya AIDS NGOs Consortium (KANCO).



Participants at the Global Fund signing ceremony held in October 2015 at the National Treasury

The First Ever Prevalence Survey in Independent Kenya

The Ministry Of Health through the National Tuberculosis, Leprosy and Lung Disease Program (NTLD-P) launched the TB prevalence survey on July 9, 2015 in Nairobi with support from the USAID funded activity Tuberculosis Accelerated Response and Care (TB ARC). The survey which seeks to provide an accurate estimate of Kenya's TB burden, determine the existing challenges in accessing TB testing and treatment, and identify undetected TB cases in the counties of interest was last conducted in 1958-59 and thus can no longer be used to estimate disease burden and plan for TB and HIV services.

In attendance during the launch were stakeholders, partners and the Director of Medical Services (DMS), Dr. Nicholas Muraguri who insisted on the importance of public and private partnership in order to combine the best minds ensuring the success of the survey.

"The Government of Kenya will use the data collected from the field to inform policy and planning and move Kenya towards eliminating TB by 2030. I cannot be more proud to be involved in the process. It has been 55 plus years since this was done. For Kenyans and Kenya this is a big achievement," Dr. Joseph Sitienei, Survey Principal Investigator and Head of the Division of National Strategic Public Health Programs explains, "The importance of this TB survey for Kenya cannot be over emphasized. Its success is hinged on the participation of all Kenyans and involvement of all stakeholders." He added.

The survey is expected to take around 8 to 10 months and involves 3 key stages Sensitization and community mobilization, pre survey visit and survey enrollment involving visits to individual household where eligible participants who are over 15 years of age will be listed and the last step at the Mobile Field Site (MFS) where participants will be interviewed on TB features, requested for a chest x-ray and asked to provide a sputum sample.

Together with the NTLD-Program the implementing partners for the survey include, WHO, KEMRI/CDC, the KNCV, Tuberculosis Foundation, the Academic Medical Centre of the University of Amsterdam and USAID.

The Second Biannual Performance Review Meeting

The TB ARC Activity supported the 2nd Bi-annual Performance Review meeting held at the Machakos Technical Training Institute from September 21 to 25, 2015. County Tuberculosis, Leprosy and Lung Disease Coordinators (CTLCs), County Medical Laboratory Coordinators (CMLTs) and Pharmacists came together in the 5 day meeting to discuss county specific performance, share best practices, challenges and give possible solutions.

Naomi Mutie, Machakos County Health Executive (CEC) officially opened the meeting on behalf of the Machakos County Governor. In her opening remarks, Dr Mutie said she was pleased by the tremendous support the county government had been receiving from the NTLD-Program and other supporting partners in the fight against TB.

"We want GeneXpert to play a bigger role in the fight against TB." Said Dr. Enos Masini Head of the NTLD-Program during the opening session. He further said that some counties had been having problems with poor notification and under diagnosis which was unfortunate in light of the availability of new diagnostic technology (GeneXpert) and thus challenged the CTLCs, CMLTs and Pharmacists to work closely with the private sector to ensure all Kenyans receive quality TB Services in line with NTLD-Program guidelines.

The 5 day meeting concluded with presentations from Bungoma, Homabay, Kisumu, Kericho, Kisii Nyandarua and Siaya Counties who showcased their best practices.

Different Speakers at the Launch of the Kenya Tuberculosis Prevalence Survey 2015-2016



**"The Kenya TB Prevalence Survey 2015-2016 marks a milestone in Kenya's response to TB.
This nationwide survey is the first since Kenya gained independence in 1963."**

– Dr. Nicholas Muraguri

The GeneXpert Installation

The Tuberculosis Accelerated Response and Care TB ARC activity supported the installation of 20 GeneXpert Machines across various health facilities in the country. The GeneXpert MTB/Rif assay is a rapid test which identifies both the presence of the *M. tuberculosis* bacteria and resistance to rifampicin in a single test. This can enable early and appropriate treatment initiation, as well as accelerating the implementation of MDR-TB control measures, and ultimately reducing TB case incidence.

The machines, procured by USAID, are expected to help improve the surveillance and diagnosis of TB amongst vulnerable populations in Kenya. The installations were carried out by a team consisting of TB ARC Laboratory Technical Officer, Sheila Chebore, NTLD-Unit Lab Coordinator, Obadiah Njuguna and Jeremiah Okari, NTLD-Unit Lab Coordinator. IT specialists from the NTLD-Unit Martin Githomi and Margaret Ndisha also accompanied the team to help install the GeneXpert online reporting system.

Speaking on the role of effective diagnostics in TB Control, TB ARC Laboratory Technical Officer, Sheila Chebore said, "Diagnosis of drug resistant TB relies on mycobacterial culture and drug sensitivity testing (DST) that takes a long time, during this time patients may be inappropriately treated, drug-resistant strains may continue to spread, and amplification of resistance may occur."

To increase the efficiency of the GeneXpert machines, the team installed a GeneXpert online reporting system popularly known as the GXAlert online reporting system in 26 health facilities across the country. The GXAlert installation, which was done in partnership with the Clinton Health Access Initiative (CHAI), TB ARC and NTLD-Unit, is expected to revolutionize the speed and manner in which way TB diagnostic results are dispatched to the end

users. The GXAlert online reporting system is also expected to help monitor utilization and error rates of the GeneXpert Machines since the software allows for the equipment to remotely post data, both diagnostic and logistical, into the cloud server for consumption by the National TB Unit.

There are currently 70 GeneXpert Machines installed in Kenya today. With the installation, validation and training on the use of the machines, Kenya can now guarantee quick and effective TB diagnosis particularly among the vulnerable groups of children, MDR clients and People Living with HIV among others.

“Diagnosis of drug resistant TB relies on mycobacterial culture and drug sensitivity testing (DST) that takes a long time, during this time patients may be inappropriately treated, drug-resistant strains may continue to spread, and amplification of resistance may occur.” Sheila Chebore



NTLD /TB ARC Staff during GeneXpert installation



*“The GeneXpert MTB/Rif assay is a rapid test which identifies both the presence of the *M. tuberculosis* bacteria and resistance to rifampicin in a single test.”*

The IPT Story in Kenya

Isoniazid is an inexpensive and effective drug that has been used for the prevention and treatment of Tuberculosis since the 60s. However, this treatment therapy was available mostly in Europe and the USA but a rarity in places like Kenya. The menace that is HIV/AIDS triggered a new approach to the handling of TB around the world. This new approach **necessitated** a turn of events starting with the intervention by the World Health Organization (WHO) which conducted a global policy meeting to review the evidence regarding ICF and IPT. This meeting was in 2010 and among its objectives was to re-conceptualize the 1998 WHO/Joint United Nation Program on HIV/AIDS policy on TB prevention.

It was found that HIV is the strongest risk factor for the development of TB with a probability ratio of between 20 to 37 times greater especially with people living with HIV than among those who do not have HIV. Further, TB was found to be responsible for more than a quarter of deaths in people living with HIV. Arising from these dual epidemics, the WHO recommended 12 collaborative TB/HIV activities as part of core HIV and TB prevention, care and treatment services. They included interventions that reduce the morbidity and mortality from TB in people living with HIV, such as the provision of antiretroviral therapy (ART) and the Three I's for HIV/TB: intensified case-finding of TB (ICF), isoniazid preventive therapy (IPT), and infection control for TB. These interventions were packaged as guidelines which were published and disseminated in Kenya in 2011. The implementation of IPT for PLWHIV in Kenya started in 2012 through PEPFAR implementing partners such as AMREF, USAID and AMPATH among others.

The program was rolled out in predetermined pilot treatment facilities across the country which gave the basis of development of health systems to ensure IPT is optimally provided. From that time, various workshops have been held with the aim of summarizing the findings of the IPT pilot sites. The information from these workshops has led to the publishing of Kenya's first IPT Standard Operating Procedures (SOP) document that was launched on March 24th 2015 in Siaya County. Further, IPT patient information pamphlets have also been developed, printed and distributed to the public.

IPT for PLHIV was then launched for implementation country wide with Siaya, Kisumu, Migori, Nairobi and Homa-bay being the first Counties to implement it with other counties following suit in September 2015. According to Dr. Christine Wambugu, the TB/HIV coordinator at the National TB, Leprosy and Lung Disease Program, 252,000 PLWHIV have been initiated on IPT by April 2016. This number is expected to rise to 500,000 by June 2016 when PLWHIV are expected to be initiated on IPT. With these numbers, Kenya will have the highest number of people accessing this intervention globally.

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Isoniazid Preventive Therapy Launch

Earlier in 2015, the National Tuberculosis and Lung Disease-Program (NTLD-P) and the National AIDS and STI Control Program (NASCOP) officially launched the national Isoniazid Preventive Therapy (IPT) and provided the National IPT Standard Operating Procedures (SoPs) to build health care workers capacity to provide IPT for eligible clients in Kenya. This was done during the World TB Day 2015 commemorations in Siaya County. IPT is a 6 months dose given once in a lifetime to vulnerable populations such as people living with HIV and children under 5 so as to reduce the risk of acquiring active TB and reduce risk of transmission to others.

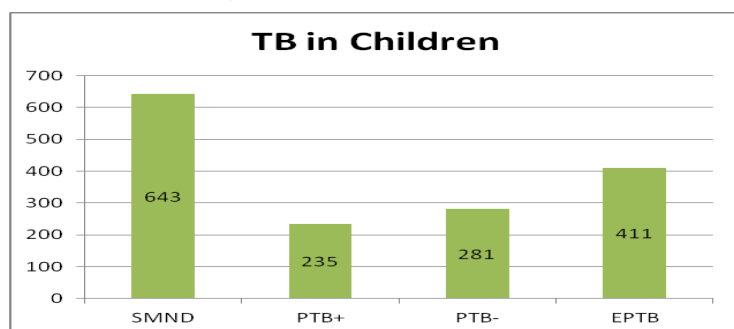
There were 2584 smear positive contacts below the age of five who received IPT in 2015, most of whom were below the age of one year. Counties that initiated less than 10 smear positive contacts on IPT included Garissa, Samburu Wajir, Bomet, Baringo, Pokot, Marsabit and Nyandarua. Muranga and Meru counties had the most smear positive contacts initiated on IPT.

Tuberculosis and Leprosy Report Q4 2015

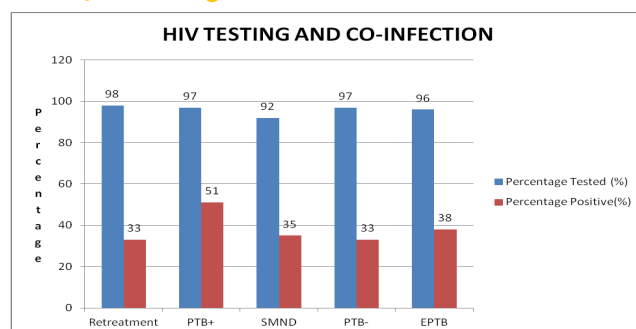
1.1 Case finding Report Q4 2015 using new definitions as per WHO guidelines

New		Previously treated		Total
Bacteriologically Confirmed	Clinically diagnosed	Bacteriologically Confirmed	Clinically diagnosed	
9721	8485	714	1054	19974

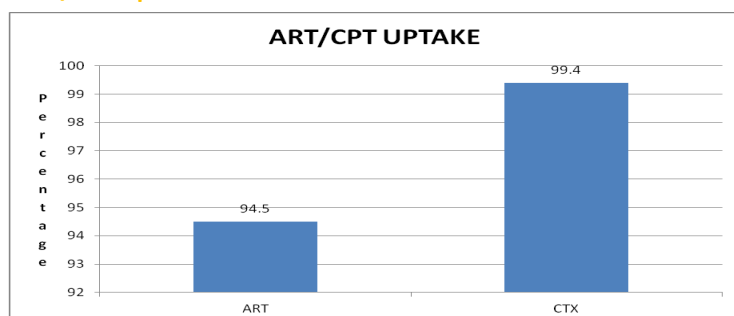
1.2 TB in children Q4 2015



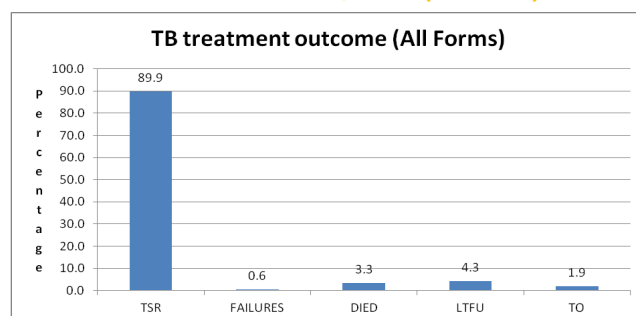
1.3 TB/HIV testing & co-infection



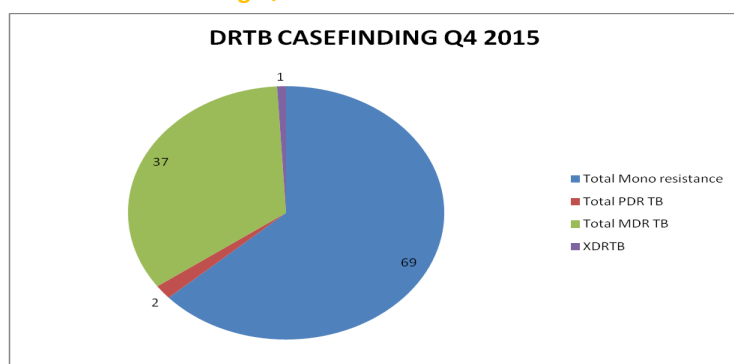
ART/CPT Uptake



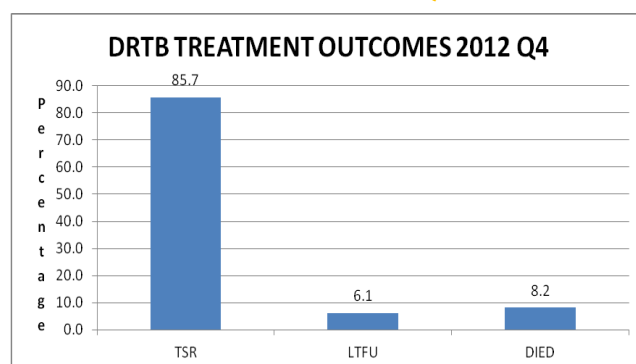
1.4 TB treatment outcomes Q4 2014 (All forms)



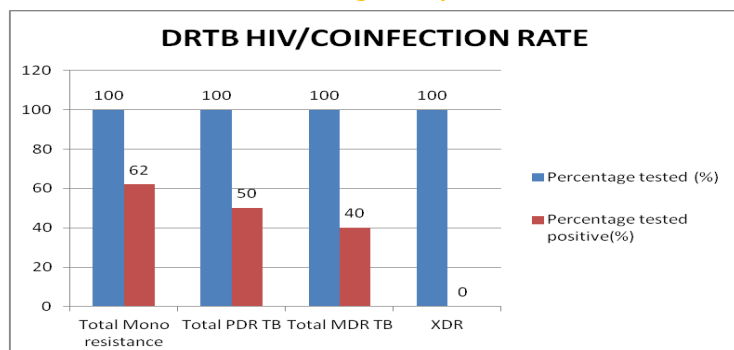
1.5 DRTB Casefinding Q4 2015



1.6 DRTB treatment outcomes 2012 Q4



1.7 HIV/Coinfection rate among DRTB patients Q4 2015



1.8 Leprosy casefinding Q4 2015

