



TiBa

A magazine for DTLD

ISSUE 14 / June - August 2024



Kenya Signs USD 407.9 Million Global Fund Grant to Combat HIV, TB, and Malaria



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World TB Day Highlights: Renewed Commitments



Mother and Son Conquer Tuberculosis



THE JOSEPH ALUOCH LUNG HEALTH SYMPOSIUM 2024

Theme: "Redefining Lung Health in Kenya"

- October 30th - 31st
- The Nairobi Hospital Convention Centre, Nairobi
- 8.00 a.m – 6.00 p.m EAT

Key Note Speaker

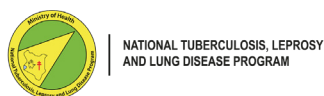


Prof Joseph Aluoch
Physician & Chest Specialist

Registration Category	Early bird (Ending 31 August, 2024)	Full (September 1, 2024 Onwards)
Member (ReSoK)	10,000/=	12,000/=
Non-ReSoK member	12,000/=	15,000/=
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The editor welcomes articles from readers and stakeholders of DTLD

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Word from...



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Unprecedented Collaboration to Combat Tuberculosis in Cross-Border Regions



In our unwavering effort to address tuberculosis (TB) in the cross-border regions of Kenya and Uganda, we have proudly launched an ambitious, USAID-funded initiative—the Tuberculosis Implementation Framework Agreement (TIFA). This groundbreaking project represents a monumental step forward in our fight against TB in our region, aiming to enhance TB control measures and improve treatment outcomes for populations on both sides of the border.

The health risks posed by cross-border movements, especially the spread of drug-resistant TB strains such as Multidrug-Resistant TB (MDR-TB) and Extensively Drug-Resistant TB (XDR-TB), cannot be underestimated. Through TIFA, we are engaging National TB Programs, health officials at both national and county levels, community health workers, and the general public to ensure a comprehensive and effective approach to TB control in our communities.

Addressing TB, particularly at border crossings where treatment continuity often falters, requires robust regional cooperation. As a country, we need to establish resilient systems at our border points to support vulnerable populations and manage TB effectively before it spreads to broader communities.

Our dedication to TB control is steadfast, as evidenced by our success in meeting the 2020 United Nations High-Level Meeting (UNHLM) targets for TB reduction. Empowering local communities will be a cornerstone of TIFA's mission. It is imperative that all stakeholders—including public health officers, security personnel at border points, and vulnerable populations such as migrants—are not only informed but also have access to TB care.

The success of TIFA hinges on the collaboration of all stakeholders.

We must pool our resources and expertise, learn from the best, and build stronger, more resilient healthcare systems in the region. Innovative strategies will be crucial for us to realize success in this initiative.

We are deeply grateful to USAID for their continued support over the years. Together, we strive for a TB-free society and enhanced health outcomes for the populations of Kenya, Uganda, and beyond. Let us work hand in hand towards a healthier future for all.

A handwritten signature in blue ink, appearing to read 'Mary Muthoni Muriuki', enclosed within a blue oval.

Mary Muthoni Muriuki, CBS

Principal Secretary

State Department for Public Health and Professional Standards

Ministry of Health

Advancing Tuberculosis Control through Strategic Collaboration and Pharmacovigilance



Tuberculosis (TB) demands a multifaceted approach to prevention, care, and treatment as it remains a significant public health challenge in Kenya. The Ministry of Health, through the Division of National Tuberculosis and Other Lung Diseases, is dedicated to reducing the incidence and impact of TB. This edition outlines the current status of TB control, emphasizes the need for robust collaboration and partnership, and underscores the critical importance of pharmacovigilance in ensuring the safety and efficacy of TB treatments.

Kenya has made notable strides in TB control. In 2023, the country reported a reduction in TB deaths by 56% and a 38% reduction in TB incidence, surpassing the targets of 35% and 20%, respectively. A total of 97,126 patients were enrolled in TB care, and the treatment success rate improved from 86% to 88%. These achievements are a testament to the dedicated efforts of healthcare workers, the effective utilization of diagnostic tools like GeneXpert, and the strong support from partners such as USAID.

Despite these successes, challenges remain. The cross-border movement between Kenya and Uganda poses a significant risk for the spread of TB, particularly drug-resistant strains such as MDR-TB and XDR-TB. Addressing these risks requires continuous monitoring, effective treatment

strategies, and a collaborative approach across borders.

The success of TB control efforts hinges on the collaboration of all stakeholders. The Tuberculosis Implementation Framework Agreement (TIFA) exemplifies this collaborative spirit, uniting all stakeholders. This initiative is crucial in enhancing TB control measures and improving treatment outcomes for populations on both sides of the border.

Empowering local communities through training healthcare workers, including public health officers and security personnel at border points, is essential. Informing and providing access to TB care for vulnerable populations, such as migrants, ensures a comprehensive and effective approach to TB control.

Pharmacovigilance—the continuous monitoring of the safety of all medications throughout their time on the market—is of utmost importance. This field encompasses detecting, assessing, understanding, and preventing adverse effects or any other medication-related issues. Establishing and maintaining a robust pharmacovigilance system is imperative to promptly identify adverse drug reactions (ADRs), assess their prevalence and impact, and construct a comprehensive safety profile for TB medicines.

The National TB Program is actively involved in pharmacovigilance activities, with healthcare personnel reporting ADRs through the Treatment Information Based Unit (TIBU). In the latter three quarters of the 2023/2024 financial year, 170 ADR reports were received from 33 counties. These reports, associated with patients undergoing treatment for drug-sensitive or drug-resistant TB (DS-TB or DR-TB) or Tuberculosis Preventive Therapy (TPT), highlight the importance of monitoring and assessing the safety of TB treatments.

The path to a TB-free Kenya requires continuous collaboration, robust pharmacovigilance, and innovative strategies. We express our gratitude to Global Fund, USAID and all our partners for their continued support and dedication to TB control. Together, we can build stronger, more resilient healthcare systems and ensure a healthier future for all.

Dr. Patrick Amoth, EBS
Director General for Health

Word from the Head of Division of Tuberculosis and other Lung Diseases



I am pleased to share the 14th edition of TiBa Newsletter and the exciting developments in Kenya's fight against tuberculosis (TB) as we enter a new phase of interventions bolstered by substantial funding from the Global Fund. Recently, Kenya secured USD 407.9 million (approximately KSH 59.7 billion) across six grants to intensify efforts against HIV, malaria, and TB from July 2024 to June 2027. This investment underscores our commitment to achieving better health outcomes and advancing towards TB elimination.

The new TB grant, totaling USD 67.8 million, plays a pivotal role in our strategy to enhance TB detection, treatment, and prevention nationwide. These funds will strengthen health systems, improve access to essential TB services, and expand initiatives in communities most affected by this disease.

In 2023, Kenya reported 97,126 TB cases, a 7.2% increase from the previous year. This rise underscores our intensified efforts in case finding and diagnosis, supported by advanced technologies like GeneXpert. The national TB program achieved an 86% treatment success rate, highlighting our commitment to

quality care despite challenges posed by drug-resistant TB (DR-TB).

Access to accurate diagnostics remains crucial. Through strategic partnerships and outreach programs, we expanded GeneXpert coverage and strengthened community-based case finding. These efforts increased the proportion of bacteriologically confirmed cases and improved treatment outcomes.

Managing drug-resistant TB remains a priority. In 2023, Kenya notified 706 DR-TB cases with an 83% treatment success rate. Challenges such as delayed treatment initiation and limited DST coverage persist. New funding will enhance DST availability, optimize contact management, and improve patient care.

Efforts to combat pediatric TB yielded 12,884 cases in 2023. Strengthening screening and diagnostics, especially in counties with lower detection rates, is crucial. Updated guidelines and specialized healthcare worker training aim to improve pediatric TB outcomes.

TB/HIV co-infection remains significant at 25% in 2023. Strengthening collaborative efforts and ensuring

high ART uptake are critical to improving treatment outcomes and reducing mortality. Healthcare worker dedication has maintained high ART coverage and reduced loss to follow-up rates.

Looking ahead, our focus remains on scaling proven interventions, enhancing data quality, and fostering multi-sectoral collaboration to achieve ambitious targets. The new Global Fund grants provide a foundation to advance towards TB elimination and enhance health outcomes nationwide. The support and stakeholder dedication are pivotal in advancing TB control in Kenya. Let us continue to innovate, collaborate, and advocate for sustainable solutions, accelerating progress towards a TB-free Kenya.

A handwritten signature in black ink, appearing to be 'IK' with a stylized flourish.

Dr. Immaculate Kathure

Ag. Head, Division of Tuberculosis and other Lung Diseases

Status of National Tuberculosis Epidemic and Response

Quarter two 2024

Drug susceptible TB



22,506

Number of TB cases
Notified



88%

Treatment success
rate (All forms)



13%

Pediatric proportion



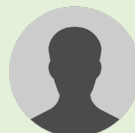
69%

Previously treated
(DSTB) with DST results



98%

Proportion of DSTB with
known HIV status



4%

Lost to Follow Up



95%

Proportions on ART

Drug resistant TB

MDR

7

PDR

0

RR

96

162

Mono-resistant TB

Pre XDR

Grand Total

Leprosy

9

Number of Leprosy
Cases reported

TB Prevention Therapy

7,748

Children <5 initiated
on IPT (contacts
of bacteriologically
confirmed cases)





**Kenya Signs USD 407.9 Million
Global Fund Grant to Combat
HIV, TB, and Malaria.**



HIV Grant:
USD 232,580,654

Malaria Grant:
USD 72,934,665

TB Grant:
USD 67,785,529

**Health Systems
Strengthening:**
USD 34,688,220



WHO Country Representative, Dr. Abdourahmane Diallo during the signing ceremony

By Mbetera Felix - NTP

In a significant stride towards improving public health, Kenya has signed six new Global Fund grants worth USD 407,989,068 (KSH 59.7 billion) to bolster interventions against HIV, TB, and malaria. The signing ceremony, held at the Kenya Medical Supplies Authority (KEMSA) Supply Chain Complex, witnessed the convergence of key stakeholders, including the National Treasury Global Fund Unit, AMREF Health Africa, Kenya Red Cross Society, KEMSA, and the World Health Organization (WHO).

The grants, which will be implemented over three years from July 2024 to June 2027, are allocated as follows:

1. HIV Grant: USD 232,580,654
2. Malaria Grant: USD 72,934,665
3. TB Grant: USD 67,785,529
4. Health Systems Strengthening: USD 34,688,220

The Global Fund, a partnership encompassing governments, civil society, the private sector, and affected communities, aims to end the epidemics of AIDS, tuberculosis, and malaria worldwide. Kenya's Coordinating Mechanism, comprising representatives from various sectors, plays a pivotal role in proposing

funding requests and overseeing program execution.

Since 2003, Global Fund support has significantly impacted Kenya's health landscape. For HIV, the fund has facilitated the procurement of essential commodities such as antiretrovirals (ARVs), HIV test kits, condoms, and laboratory reagents. Programmatic interventions have extended across health facilities and communities, contributing to a notable decline in new HIV infections, HIV-related mortality, and mother-to-child transmission by 78%, 68%, and 65%, respectively. Currently, nearly 1.4 million individuals living with HIV receive lifesaving treatment, thanks to the decentralization of HIV services and robust collaboration among stakeholders.

The TB program boasts a treatment success rate of 86%, with the average positivity rate among presumptive cases decreasing from 7.35% in 2021 to 5.6% in March 2024. The number of individuals tested for TB more than doubled during this period, highlighting the effectiveness of community health units and the training of thousands of health promoters and extension workers.

In malaria control, the national prevalence has decreased from 8.2%

in 2015 to 6% in 2023. The Global Fund's partnership with Kenya has been instrumental in constructing, equipping, and digitizing the KEMSA National Supply Chain Centre, enhancing supply chain management and primary health care service delivery.

The new grants aim to:

- Provide quality care and prevention services for TB, leprosy, and lung diseases.
- Achieve Universal Health Coverage through comprehensive HIV prevention, treatment, and care.
- Reduce malaria incidence and deaths by at least 75% by 2027.
- Strengthen health systems at facility and community levels.
- Procure TB, malaria, and HIV commodities, including medicines, laboratory supplies, and test kits.
- Support primary health care activities in line with the universal health care agenda.
- Offer social support and Social Health Insurance Fund (SHIF) premiums for needy TB/HIV/ malaria patients to access the full SHIF benefit package.

This investment underscores the importance of multi-partner collaboration and the commitment to building resilient health systems. The efforts of KEMSA, development partners, and other stakeholders are commendable in achieving this milestone, paving the way for enhanced health outcomes for all Kenyans.

The TB program boasts a treatment success rate of 86%, with the average positivity rate among presumptive cases decreasing from 7.35% in 2021 to 5.6% in March 2024.





Dignitaries following the proceedings during the grant signing ceremony



Mr. Mark Edington, Head of the Global Fund Grant Management Division



Principal Secretary, Mary Muthoni Muriuki, CBS



Director General for Health Dr. Patrick Amoth, EBS



Principal Secretary, Mary Muthoni, Dr Githinji Gitahi from Amref and Dr Immaculate Kathure, Head NTP in a group photo with NTP and Amref staff during exhibition



Dr Githinji Gitahi, Group CEO of Amref Health Africa



Participants follow proceedings during ceremony



Dr Immaculate Kathure take dignitaries through TB exhibition desk



The Girl Who Refused to Die



Nadia Chepkemai in her day to day routine at kericho referral hospital

By Mbetera Felix - NTP

In the whispers of her breath, Nadia Chepkemai's life's tale unfolds - a story etched with the raw realities of tuberculosis. At 23, an ICT student on break in Nairobi, Nadia's world was about to be engulfed by the suffocating grasp of TB. A nagging cough led her to local clinics, misdiagnosed first as Amoeba, then as Typhoid. It wasn't until her sister from Kericho intervened, alarmed by Nadia's frail state, that the truth emerged - a TB diagnosis.

The journey home to Kericho marked the last time her boyfriend would see her during treatment. Tears flowed as Nadia, barely able to stand, was brought home to her family. Admitted to the hospital, the reality of TB hit hard. Weighing a mere 37kgs, the medication proved brutal. Nadia struggled to swallow, often vomiting the drugs back up. Two months into treatment, a sputum test revealed another TB-positive result, compounded by the discovery of Multi-Drug Resistant TB (MDR-TB) - a first for the facility.

MDR-TB meant daily injections, crippling side effects, and a fight against the disease and stigma alike. Accusations from family members of

not taking medication as prescribed added to Nadia's torment. She battled alone, enduring pain, sleepless nights, and the constant fear of rejection. At home, isolated in a room, she yearned for acceptance, only to face rejection from her own father and some siblings who saw her as a burden.

"I felt like dying that night!! pleaded with God to take me away! It hurts to this very day!..."

Moved from one residence to another, Nadia's uncle stood as her beacon of support amidst the storm. When her father turned her away, forcing her to move out, she faced the depths of despair. Forced to find shelter elsewhere, she clung to the hope of recovery amidst the turmoil.

In June 2014, readmitted to the hospital, Nadia began her MDR-TB treatment with newfound determination. With a notebook in hand to track her medications, she endured the side effects with resilience. But even as her health improved, the stigma persisted. Labeled 'The Girl Who Refused To Die' by her uncle, Nadia emerged victorious after two years of relentless commitment to her treatment.

"I am a living testament that TB is curable and one should not be anxious or despair over the diagnosis."

Today, Nadia's life is dedicated to raising awareness about TB, despite facing challenges for discussing stigma. She calls for increased support for TB champions and pleads with patients not to despair. Grateful for the healthcare workers who provided meals and counsel during her darkest days, she continues to advocate for free treatment and support for all TB patients.

"Never surrender! My sole wish is to support these patients and demonstrate that TB is treatable and curable. The battle is just beginning!"

Nadia's journey, which was filled with suffering, rejection, and resiliency, is proof of the human spirit's unwavering perseverance in the face of difficulty. Her narrative rings with the strength of people who refuse to let illness or stigma quiet them as they continue to strive for a future free of tuberculosis.

Kenya's Fight Against TB

World TB Day Highlights Renewed Commitment and Innovative Strategies



Health Cabinet Secretary, Susan Nakhumicha giving her speech during the 2024 World TB Day commemoration



A group photo of dignitaries present during the commemoration of World TB Day 2024

By Mbetera Felix - NTP

Kimorori Grounds in Muranga County hosted this year's World TB Day, themed "Yes! We Can End TB!" The event was a testament to the substantial efforts made in combating the pandemic and emphasized the need to align with new WHO recommendations and increased investments to curb TB's spread. Kenya remains resolute in its fight, despite the emerging challenge of Drug-Resistant TB, which threatens to undermine progress.

According to WHO, TB claims 1.5 million lives annually, with Kenya accounting for 700,000 of these deaths. The country has now entered the top 10 high-burden countries for multidrug-resistant TB (MDR-TB), which affected 410,000 people in 2022, though only about 40% had access to treatment.

Speakers at the event underscored the importance of investing in community-centered approaches and TB preventive treatment. Health Cabinet Secretary Susan Nakumicha highlighted that 27% of TB patients in Kenya succumb to the disease. She announced the Government's strategy to integrate Community Health Promoters (CHPs) to enhance TB education, detection, and referral at the household level.

"At the grassroots level, CHPs are the first responders to TB signs and potential cases, linking them to our facilities for care," Nakumicha stated. She added that CHPs are equipped with essential kits and smart devices to improve data capturing, recording, and reporting of TB cases.

With TB increasingly affecting vulnerable populations, Nakumicha emphasized the need to remove barriers to TB services access. She stressed that creating a supportive environment would help overcome the stigma associated with TB, allowing individuals to seek care without fear or

shame. The Government is working towards including TB services in the Social Health Insurance benefits package.

Scaling up access to TB preventive treatment is expected to significantly reduce TB incidence and mortality. WHO reports that 3.8 million people living with HIV and contacts of TB patients received preventive treatment in 2022, highlighting the necessity of offering such treatment to high-risk groups.

Principal Secretary for Health, Mary Muthoni, expressed pride in Kenya's progress towards the END TB Strategy for 2020 but called for a broader focus on social determinants that exacerbate TB spread. She commended Muranga for its efforts against alcoholism, a major TB driver in the county, and urged other counties to address the root causes of TB.

Governor Irungu Kangata of Muranga acknowledged poverty as a leading cause of TB in the county and expressed confidence in the Government's people-centered strategic plan to end the pandemic.

CS Nakumicha also lauded the National Strategic Plan 2023/24-2027/28 for TB, emphasizing effective partnerships, collaborations, and resource investments to accelerate progress towards ending TB. She praised the support from TB implementing partners and reaffirmed the Government's commitment to strengthening health systems and advancing TB research.

As Kenya increases resources to enhance TB screening and preventive treatment, the ambitious goal of ending TB by 2030 is within reach. The theme "Yes, We Can End TB!" is not just a call to action but a reminder of the power of collective effort and innovation in eradicating the pandemic. While celebrating achievements in the fight against TB, it is crucial to continue investing in prevention, care, and research.



World TB Day Pictorial





Safety Monitoring of TB Medicines in Kenya

A Pharmacovigilance Overview through TIBU



By Carey Abuya – FELTP-K Resident , Ernest Mbae – NTLDP

Continuous monitoring of the safety of all medications throughout their time on the market is of utmost importance. The realm of post-marketing drug safety encompasses not only the identification of rare adverse reactions but also the detection of common adverse events that may not have been initially recognized as adverse reactions. These common adverse events can only be identified during routine drug use. Establishing and maintaining a robust pharmacovigilance system is imperative to promptly identify these adverse drug reactions, assess their prevalence and impact, and construct a comprehensive safety profile for the various medicines in use by the public. Pharmacovigilance is the scientific field and set of activities focused on detecting, assessing, understanding, and preventing adverse effects or any other medication-related issues. An adverse drug reaction (ADR) refers to a negative and unintended response to a medication that occurs at typical human dosage levels.

Causality assessment involves evaluating the likelihood that a TB medicine is the cause of an ADR. It can be categorized as certain, unclassified, possible, probable/likely, unclassifiable, or unlikely. This assessment helps to identify the suspected drug that may have caused the ADR. The severity of ADRs can be classified as mild, moderate, severe, or fatal, based on the severity observed by the health care provider when reported.

The National Tuberculosis Program is actively involved in pharmacovigilance activities. Pharmacovigilance events are reported through the Treatment Information Based Unit (TIBU) by healthcare personnel at the respective health facilities as and when they occur. The NTLDP monitors

the pharmacovigilance reports generated from these health facilities to assess the health outcomes of patients undergoing treatment with TB medicines. This monitoring is in line with the program's objective of ensuring the provision of effective and safe medicines for all clients. By keeping a close eye on these reports, the NTLDP aims to maintain the highest standards of patient care and treatment efficacy. In the latter three quarters of the 2023/2024 financial year, a total of 170 adverse drug reaction reports were received from 33 counties. These reports were associated with patients undergoing treatment for drug-sensitive or drug-resistant TB (DS-TB or DR-TB) or Tuberculosis Preventive Therapy (TPT). In response to these reports, a causality assessment was conducted in collaboration with the Pharmacy and Poisons Board to identify the root causes of severe adverse drug reactions and to implement strategies aimed at mitigating their impact.

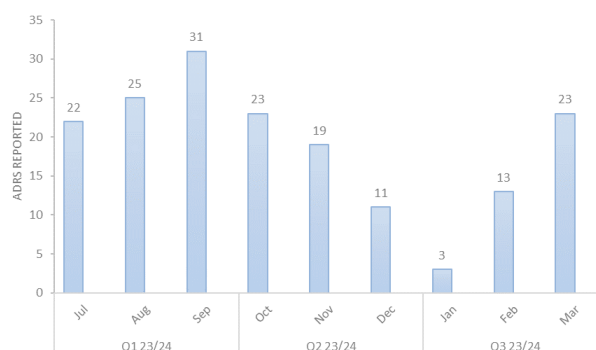
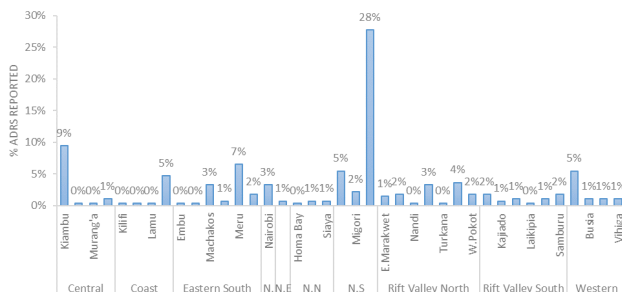


Figure 1: Trends of PV Reports in TIBU for the year 2023/24

The highest number of ADR reports occurred in September 2023, and the lowest number in January 2024. The highest number of reports was in Quarter 1, followed by a steady decline in Quarter 2, with the lowest number of reports in the first month of Quarter 3. This was then followed by a gradual increase in the other months of the quarter.



N.=Nairobi, N.E=North Eastern, N.N=Nyanza North, N.S=Nyanza South

Figure 2: Trends in County PV reporting in TIBU for the year 2023/24

Nyamira had the highest proportion of reports (28%), followed by Kiambu (9%) and Meru (7%).

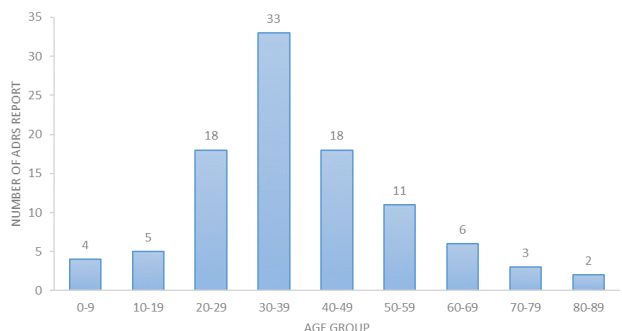


Figure 3: Age groups of PV reports in TIBU

The age group 30–39 had the highest number of reported ADRs, followed by the 40–49 and 20–29 age groups. The youngest and the elderly contributed the least to the reported ADRs.

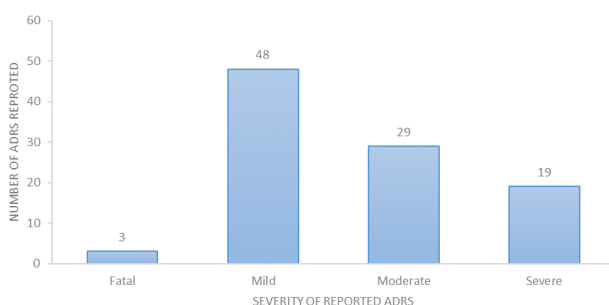


Figure 4: Severity of PV reports 2023/23 Kenya

The reporting frequencies for ADRs were as follows: 48 cases for mild ADRs, 29 cases for moderate ADRs, and 19 cases for severe ADRs. Additionally, three fatal cases were reported.

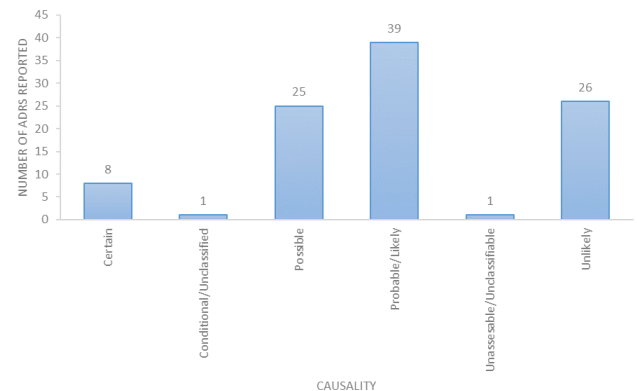


Figure 5: Causality of PV reports 2023/24 Kenya

Out of the 170 reported cases, a total of 100 cases were subjected to causality assessment. Among these, 39 cases showed a high probability that the adverse drug reaction (ADR) was predominantly caused by the TB medicine, with only 8 cases demonstrating certainty in this attribution. Additionally, in 26 cases, it was unlikely that the TB medicine was the cause of the ADR, while 2 cases could not be definitively classified.

Why pharmacovigilance?

- Continuous monitoring of medication safety post-marketing is crucial to identify both rare and common adverse reactions that may not have been initially recognized.
- Pharmacovigilance involves detecting, assessing, understanding, and preventing adverse effects or medication-related issues through systematic monitoring.
- Adverse Drug Reaction (ADR) refers to unintended negative responses to medication at typical human dosage levels.
- Causality assessment categorizes the likelihood that a drug caused an ADR into certain, unclassified, possible, probable/likely, unclassifiable, or unlikely.
- A robust pharmacovigilance system is essential for promptly identifying adverse drug reactions, assessing their prevalence, and understanding their impact on patients.
- The National Tuberculosis Program actively engages in pharmacovigilance activities to ensure safe and effective treatment outcomes for patients.
- In the 2023/2024 financial year, 170 adverse drug reaction reports were received from 33 counties in Kenya, primarily related to TB treatment and Tuberculosis Preventive Therapy (TPT).
- The age group 30–39 had the highest number of reported ADRs, followed by 40–49 and 20–29 age groups, with the youngest and elderly contributing the least.

Advancing TB Control: Key Insights from the 2024 Performance Review Meeting



Dr. Immaculate Kathure, Ag. Head, National TB Program presenting the trophy and certificate to Homabay County during the Performance Review Meeting

By Hannah Wanjiru HealthIT and John Gitau: : USAID TB ARC II

In the tranquil setting of Sawela Lodge in Naivasha, Nakuru County, the National TB Program, supported by the USAID HealthIT project, held its annual Performance Review Meeting from February 26th to March 1st, 2024. The event, themed “Data-Driven Strategies for TB Control within Primary Health Care,” aligned with the Program’s 2023-2028 Strategy, aiming to integrate TB solutions into primary health care and empower communities in the fight against TB.

Attendees included TB coordinators from all 47 counties in Kenya, as well as implementing partners. They gathered to assess the effectiveness of TB prevention, care, and control efforts, analyzing data from 2023 to develop strategies and action plans for 2024. This collaborative effort resulted in tailored plans for both national stakeholders and individual counties, highlighting areas for improvement and advocating for reinforced TB control.

Dr. Immaculate Kathure, Acting Head of the National TB Program, expressed her pride in Kenya’s achievements

in reducing TB deaths by 56% and TB incidence by 38%, surpassing the targets of 35% and 20%, respectively. The country had enrolled up to 97,126 patients in TB care and improved its treatment success rate from 86% to 88% in 2023. Additionally, there was significant progress in the utilization of GeneXpert tools.

Dr. Kathure emphasized the NTP’s strategy to end TB by leveraging universal health coverage and community engagement, stressing the importance of delivering TB services directly to communities. She highlighted the need for collaboration with primary healthcare structures and networks at the community level, making TB a priority within these systems. Respecting patient rights, considering gender equality, and working with affected communities she defined as crucial to achieving the goal of ending TB and leprosy by 2030.

The National TB Program recognized the best-performing and most improved counties and sub-counties in TB control and quality care. The 2023 scorecard assessment included metrics

such as timeliness, data completeness, data accuracy, quality of care (QOC), and GeneXpert utilization, each assigned specific weight.

Homa Bay County reclaimed its title as the best county nationally in TB control, excelling in areas like Nutritional Support for TB care and ranking second for Quality of Care. However, they noted a slight drop in registering TPT data, highlighting areas for improvement. Mr. Caroli Migwambo, CTLC of Homa Bay County, credited their success to joint planning and data-driven decision-making.

Laikipia County achieved the top spot in Quality of Care but ranked fifth nationally. They excelled in low DS-TB & DR-TB death rates and increased Active Case Finding, screening 60% of cases. Mr. Mureithi, County TB and Leprosy Coordinator (CTLC), emphasized the importance of teamwork and leadership in their success.

Nyamira County improved its position to second best in TB control, attributing their success to political goodwill, managerial support, and

collaboration with health partners. Despite challenges in HIV testing and DR surveillance, they excelled in commodity reporting, TPT data, and sample rejection.

Mandera County dropped to third best nationally, facing challenges in data timeliness and a dip in case finding. However, they ranked third in Quality of Care and showed strong performance in commodity reporting and sample rejection.

Siaya County ranked fourth, performing well in DS & DR TB cure rates and low loss to follow-up cases. They also excelled in GeneXpert tool utilization and management.

Kisii County maintained low DR TB death rates and good DS-TB cure rates, with Bomachoge Borabu emerging as the best sub-county nationally. Dr. Richard Onkware, County Director for Public Health and Sanitation, highlighted the role of quality improvement within facilities and community engagement.

Coastal counties also performed well, with Kwale County ranking as the second most improved nationally. Mombasa, Tana River, and Lamu counties contributed to a productive year for TB control efforts in the region.

Despite mixed results in various indicators, data accuracy dropped to 74.3% from 90.7% in 2022. However, there were slight improvements in data completeness and timeliness. Every county's story showcased dedication and innovative strategies to tackle TB, working collaboratively with partners and stakeholders to move towards a TB-free Kenya.

The USAID HealthIT project, led by the University of Nairobi's Department of Computing and Informatics, supports the Ministry of Health by enhancing digital health systems, ensuring data quality, and strengthening capacity for data capture, reporting, and analysis. This support is pivotal in advancing TB control efforts across Kenya.



Aiban Rono-NTP, awarding Mandera County



Wesley Tomno-NTP, awarding Kakamega County



A dance from the second best performing County, Nyamira, during the awards session



USAID's Dr. Maurice Maina giving his remarks during PRM awards



Raphael Pundo, HealthIT Chief of Party, Dr Sam Muga, Deputy Chief of Party - CHS USAID TB ARC II and Hesbon Ooko HealthIT

2023 Scorecard Highlights

Best Performing Counties in TB Control:

1. Homa Bay
2. Nyamira
3. Mandera

Best Sub-counties in TB Control:

1. Bomachoge Borabu
2. Makueni
3. Kitutu Chache North

Best Performing County in Quality of Care:

1. Laikipia

Most Improved Counties in TB Control:

1. Kisumu
2. Kwale
3. Busia

Most Improved Sub-counties in TB Control:

1. Butere
2. Nyando
3. Narok West



Tuberculosis Implementation Framework Agreement: Health Without Borders

Boaz Ouma - USAID TB ARC II

In an unprecedented move to combat tuberculosis (TB) in the cross-border regions of Kenya and Uganda, a groundbreaking initiative has been launched. This ambitious one-year, USAID-funded project, TIFA (Tuberculosis Implementation Framework Agreement), represents a landmark effort to unite diverse stakeholders and fortify existing TB control measures, enhancing treatment outcomes for populations on both sides of the border.

The cross-border movements have long posed significant health risks, facilitating the spread of TB, including drug-resistant strains such as MDR-TB and XDR-TB. Recognizing this

threat, Kenya and Uganda have committed to tackling this public health challenge together. TIFA aims to engage stakeholders, including National TB Programs, health ministry officials, community health workers, and the general public, ensuring a comprehensive and effective approach to TB control.

During the launch of the Project in Machakos County, Dr. Fatuma Adan, IGAD's Head of Mission in Kenya, emphasized the importance of regional cooperation in addressing TB, particularly during border crossings where treatment continuity often falters.

"Capturing and managing TB during these critical points is essential," she

stated, highlighting the need for robust systems to support vulnerable populations.

Dr. Immaculate Kathure, Acting Head of the National TB Program in Kenya, underscored the value of teamwork in achieving lasting impact.

"If you wish to go quickly, go alone. But if you want to travel far, go together," she quoted, reflecting on Kenya's success in meeting the 2020 UNHLM targets for TB reduction. She reiterated the government's commitment to TB control, noting the over 97,000 new cases reported in Kenya in 2023 alone.

Integral to TIFA's mission is empowering local communities. The project focuses on building capacity through training



healthcare workers, including public health officers and security personnel at border points, in TB screening, diagnosis, treatment, and adherence. This grassroots approach ensures that even the most vulnerable populations, such as migrants, are informed about and have access to TB care.

Dr. Mwanga Michael, Assistant Commissioner at Uganda's Ministry of Health, highlighted the critical need for patient tracing to maintain treatment continuity. With nearly 91,000 TB infections reported annually in Uganda, these joint efforts are vital for improving treatment success rates among cross-border patients. "These joint efforts are critical to improving treatment success rates among cross-border patients!" he emphasized.

Dr. Paul Wekesa, CEO of the Center for Health Solutions Kenya, praised the strides made leading up to the project's launch. He acknowledged challenges like treatment interruptions and the resurgence of new TB cases but expressed optimism that TIFA's

collaborative efforts would lead to socially acceptable interventions tailored to the affected populations' unique circumstances.

Addressing social determinants like poverty, malnutrition, and limited access to healthcare is key to creating a supportive environment for TB control efforts. The success of TIFA hinges on joint work planning and the co-creation of activities involving all stakeholders. This collaborative approach, including neighboring countries and partners supporting HIV/TB activities, ensures a comprehensive and unified response to TB.

As the project progresses through innovative strategies, robust partnerships, and a commitment to excellence, it is poised to make a significant impact in the fight against tuberculosis. By pooling resources, expertise, and best practices, TIFA aims to improve health outcomes and build stronger, more resilient healthcare systems in the region.

Further, it represents a major advancement in the fight against tuberculosis in cross-border areas. Through sustained collaboration and innovative approaches, stakeholders hope to achieve a TB-free society and enhance health outcomes for the populations of Kenya, Uganda, and beyond.



Dr Maurice Maina - USAID, addressing participants during the TIFA project launch



IGAD representative giving his remarks

Empowering Lives: Kisumu County's Drive Against Tuberculosis



By Mbetera Felix - DTLD and Mary Odhiambo - Kisumu County

In 2015, Lucy Achieng's world turned upside down at Migosi Sub County Hospital in Kisumu. Persistent coughing, weakness, and night sweats led her to seek medical help. After numerous tests, it was tuberculosis (TB) that revealed itself as the culprit.

"The following day, I was informed I had TB and was immediately placed on medication," Lucy recounts. She diligently took her medication, but when her husband decided they should move back to their rural home, challenges emerged. Relocating meant finding a new center for her daily drugs, and amidst the stress, Lucy defaulted on her medication.

"After a few weeks, I was back to sweating at night, coughing non-stop while growing weaker," Lucy shares, describing her declining health. As the sole provider for her children, her inability to work left them hungry and her weight loss drew unwanted attention and stigma.

Returning to Kisumu, Lucy resumed treatment but faced financial hardship. In 2023, she was diagnosed with TB again. This time it was Drug Resistant and she had to take 11 tablets a day. Unemployed and struggling, she found a lifeline through the Government support of TB. Amref Health Africa, through support from the Global Fund, have been supporting DR TB patients by sending them a KES 6000 monthly stipend. To Lucy, this was like heaven.

"The program supported me with funds for my children's uniforms, rent, and food," Lucy says, grateful for the help that brought stability in her life.

The support allowed her to regain weight and health. From 48 kilograms to 56 in six months, Lucy's story is a testament to the impact of holistic support for TB patients.

At Migosi Sub County Hospital, clinical officer Jasmine Okoro highlights the rising TB cases in Kisumu, especially in Kisumu East and Central. The hospital has intensified efforts to diagnose and treat patients effectively.



Jasmine Okoro clinical officer At Migosi Sub County Hospital

Patients are categorized into Pulmonary and extra pulmonary TB, each requiring specific treatment durations. The facility offers comprehensive care, ensuring patients receive all services in one place, including drugs.

"For Pulmonary TB, medication goes for six months, while extra pulmonary TB requires two years of treatment," Jasmine explains. The intensive phase involves weekly visits, gradually reducing to monthly as patients stabilize.



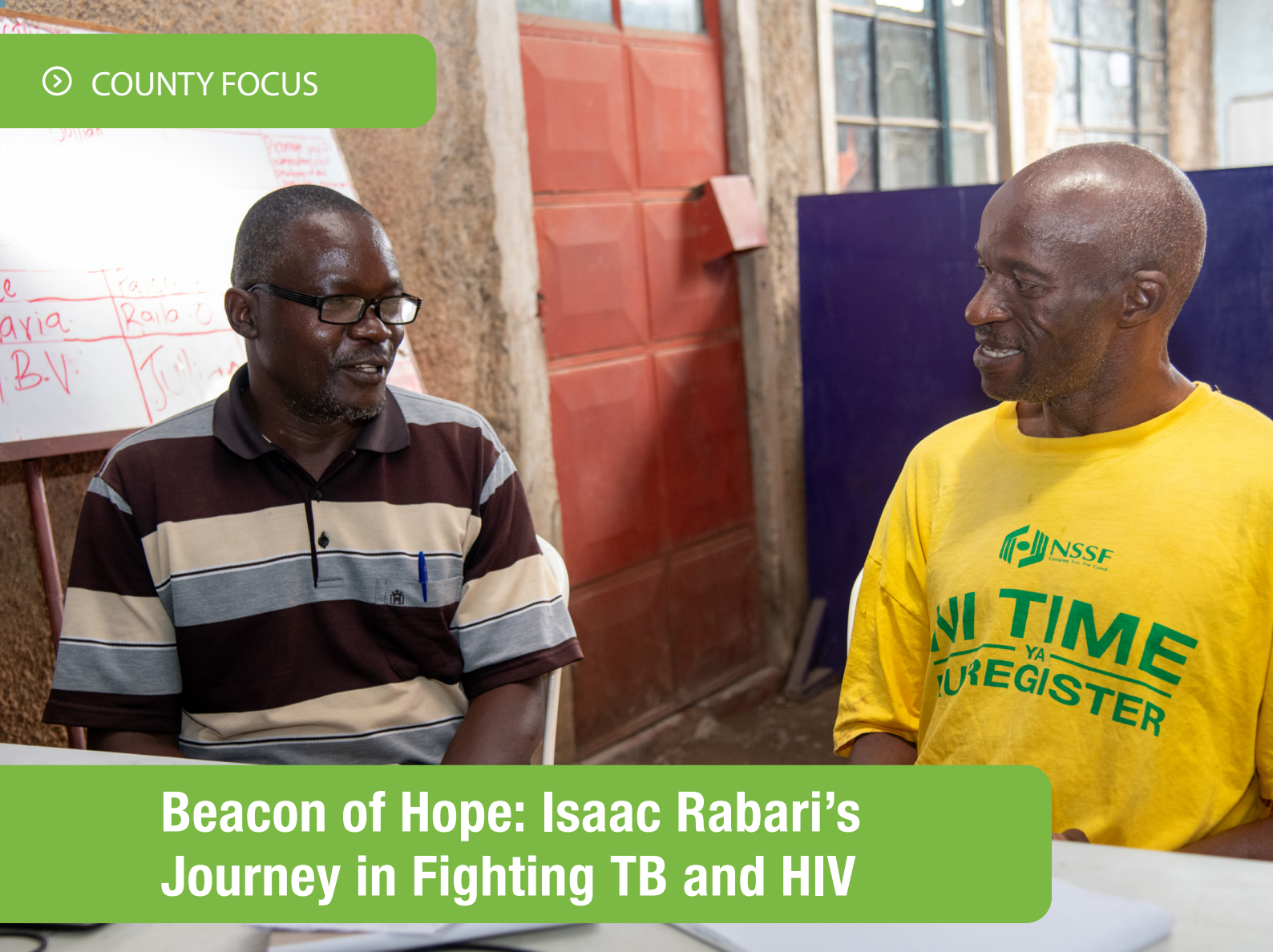
AMREF's program has greatly improved medication adherence and patient welfare.



The disease's stigma is combated through awareness and home visits. AMREF's program has greatly improved medication adherence and patient welfare. Regular home visits ensure patients understand the disease and prevent its spread.

"The funds provided go a long way in ensuring patients can afford meals and attend to household needs," Jasmine emphasizes. However, due to the high cost of living, she advocates for increased stipends and more trained clinicians.

In the battle against TB, Kisumu County's ambitious health program stands as a beacon of hope. Through holistic support, awareness, and effective treatment, lives like Lucy's are being transformed. Stigma is being challenged, and communities are being educated, paving the way for a healthier future.



Beacon of Hope: Isaac Rabari's Journey in Fighting TB and HIV

Isaac Rabari with a fellow champion during the interview

By Dorcus Kurui | DTLD

In Kisumu County, there's a man whose dedication transcends mere duty; Isaac Rabari, a pillar of hope amidst the shadows of illness. At 53, Isaac's journey is not just about clocking in hours but about a deeply personal mission - eradicating the scourge of tuberculosis (TB) from his community.

Isaac's path wasn't carved by personal affliction but by witnessing the silent torment of his loved ones; his wife and daughter, both grappling with TB and HIV. It all began with his wife's diagnosis, a grim addition to their already burdened lives. Her weight plummeted, and despite their strict adherence to treatment, her health dwindled. Isaac became her unwavering guardian, ensuring she took her medication religiously, a solemn ritual at 9 PM every night.

But the descent into the abyss of illness was far from over. His daughter, too, fell

prey to TB's relentless grip, her fragile frame bearing the weight of coughs and blood-stained nights. Isaac's resolve was unyielding as he navigated yet another bout of diagnosis and treatment, standing as her beacon of strength through the storm.

The scars of their battles ignited a fire within Isaac, propelling him into the heart of the fight against TB and HIV. He shared their story in HIV support groups, weaving a tapestry of hope from the threads of his family's struggles. His dedication didn't go unnoticed; he was soon appointed as group chairman, a testament to his unwavering commitment.

Guided by his mentor Eric Okioma, founder of the Nelson Mandela TB HIV Information Community Based Organization, Isaac forged Pillars of Hope, an organization dedicated to lifting the spirits of TB-HIV patients. Through this beacon of resilience, he orchestrated sensitization programs,

tracked treatment progress, and shattered the shackles of stigma surrounding TB. Lives were saved, hope was restored, and Isaac's legacy of compassion echoed through the corridors of despair.

Yet, amidst the triumphs, Isaac remains acutely aware of the challenges that plague TB patients - from medication shortages to the suffocating grip of stigma. He raised his voice, advocating for change, demanding a seat at the table where decisions were made. For Isaac, health isn't a static concept; it's a dynamic force that demands vigilance and action.

As he stands on the frontline of the battle against TB, Isaac's story embodies resilience, compassion, and unwavering determination. Through his tireless efforts, he doesn't just save lives; he lights the path for others trapped in the darkness of illness, illuminating a future free from the shadows of TB.

Nurturing Health Advocacy: John Jude's Journey with Community TB Projects



John Jude discussing his area of work during the interview

By Dorcus Kurui | DTLD

John Jude stands as a beacon of hope within the Our Lady of Perpetual Support for people living with HIV and orphans (OLPS), an organization in Kisumu County. For over a year and three months, he has been at the helm of coordinating community TB projects across Kericho, Kisumu, and Nyamira Counties, all funded by the Global Fund and facilitated by AMREF.

John's dedication stems from a deeply ingrained commitment to equality and integrity in health initiatives. Collaborating with county government health departments, the National TB Program (NTP), and community stakeholders, he navigates the intricate process of project implementation, ensuring alignment with targets and objectives.

Central to their efforts is the quest for case identification, TB screening, and support group facilitation, often in collaboration with community health promoters. Yet, challenges abound, from the persistent stigma surrounding TB to the socioeconomic barriers hindering access to healthcare.

"Through innovative strategies, including media engagement and school health programs, progress is evident. Pediatric diagnoses are on the rise, thanks to enhanced x-ray services and expanded outreach efforts. However, there's still ground to cover, particularly in identifying undetected cases and addressing psychosocial needs during treatment," he says.

John advocates for the expansion of community-based strategies,

bolstered by increased incentives for Public-Private Mix (PPM) partners and strategic government support. As Kenya transitions to a middle-income economy, the need for domestic funding becomes paramount, aligning with the Abuja declaration's call for increased health budget allocation.

The Global Fund's community system strengthening framework, spearheaded by OLPS, offers a promising path forward, guiding community health policies and empowering advocates like John to nurture a healthier future for all.

Health Champions Pitched Battle Against TB in Busia County



Valary Marion during an outreach at the Busia border point in March 2024

By Mary Odhiambo - Kisumu County

In Busia County, Valary Marion Obadiah's life took an unexpected turn in 2015. A mother of two, her days were spent working at a local shop, earning just enough to care for her children. Little did she know, her encounter with tuberculosis (TB) would lead her down a path of advocacy and awareness.

TB, an infectious disease caused by bacteria, found its way into Valary's life through a friend who was later forced to leave due to stigma. Valary, now a TB champion, recalls the challenges of her six-month treatment and the stigma faced by TB patients in society. Her journey of awareness began with caring for a friend who defaulted on medication, leading her to become a voice for those battling the disease.

"At first, I would pick drugs from the health facility every two weeks, then moved to monthly visits as I responded

well to treatment," Valary shares. Her determination stemmed from the fear of leaving her children orphaned, a common worry among TB patients.

Tragedy struck when her friend passed away, followed by another TB patient she knew. The World Health Organization (WHO) reports about 1.5 million preventable TB deaths each year, highlighting the urgency of awareness and treatment.

"I took my drugs faithfully, and after six months, I was declared free of the disease," Valary beams. Her recovery ignited a passion for TB advocacy, focusing on eradicating the stigma surrounding the disease. Many still believe TB only affects HIV patients, a misconception Valary is eager to dispel.

Stigmatization cost Valary her job, but her grandmother's unwavering

support kept her going. Determined to educate others, Valary emphasizes the need for affordable TB diagnosis, calling on the government to reduce the cost of X-ray screenings.

Alongside Valary is Topista Osundwa, Busia Town Sub County's TB champion coordinator, whose own battle with TB in 2019 changed her perspective. Initially diagnosed with malaria, Topista's persistent cough led to TB screening and subsequent treatment.

"My challenge was drug adherence, and as a human rights defender, emergencies often interrupted my medication schedule," Topista reveals. Separated from her daughter during treatment, Topista understood the struggles of TB patients firsthand.

After six months of treatment, Topista was declared TB-free. Witnessing patients' uncomfortable experiences at health facilities, she became a TB champion to advocate for better treatment environments.

Renaming her organization to Busia Health and Social Justice Centre, Topista joined the National Network for TB champions, working tirelessly to eliminate myths about TB. Through advocacy in local dens and with long-distance truck drivers, Topista aims to broaden TB awareness.

"If health workers embrace TB patients without stigma, we can eliminate TB by 2030," Topista asserts. She credits Stop TB partners for their efforts in border counties like Busia, paving the way for increased awareness and screening.

In the battle against TB, Valary and Topista stand as beacons of hope, champions fighting for a TB-free future in Busia County. Through their advocacy, they hope to inspire others to seek treatment, end stigma, and pave the way for a healthier community.

Community Outreach and Collaboration in Busia County's Border Fight

By John Gitau: USAID TB ARC II

The National TB Program in collaboration with the County Government of Busia, carried out community outreach and awareness campaigns as part of the fight against tuberculosis (TB) at our border points. For the county, despite facing obstacles like limited diagnostic facilities and a mobile population due to its border location, concerted efforts by county health workers and non-governmental organizations such as AMREF have made significant strides in detecting and treating TB.

Busia County contends with a substantial TB burden, including an alarming increase in drug-resistant TB cases. There is urgent need for robust healthcare responses to address this surge. Access to advanced diagnostic tools like GeneXpert remains sparse, highlighting the critical role of partnerships in expanding diagnostic capabilities through outreach initiatives.

Outreach programs have proven pivotal in identifying TB cases during community events and in border areas. These efforts underscore the effectiveness of active case finding strategies in high-risk populations, bolstering TB detection rates.

According to the County TB Coordinator, cross-border collaboration with neighbouring Uganda is essential for ensuring continuity of care for TB patients who traverse national boundaries.

"Joint stakeholder meetings and data-sharing initiatives are crucial in tracking and managing TB cases across borders," she says.

Government and community leaders should continue to play critical roles in TB surveillance, patient tracing, and advocacy for improved healthcare services, despite challenges like high mortality rates and late diagnoses.

While Busia County faces formidable TB challenges, collaborative efforts underscore the transformative impact of community outreach, advanced diagnostics, and heightened awareness in advancing towards a TB-free future.



Breaking the Silence

Sign Language Interpreter Transforms TB Care at Kericho Sub County Hospital



Valentine Chepkoech engaging with Brian Kipng'eno at Kericho Sub-County Hospital.

Ms. Chepkoech's passion for serving the deaf community extends beyond TB patients. She advocates for the inclusion of sign language interpretation services in healthcare facilities across Kenya, emphasizing the importance of training healthcare workers in sign language to promote inclusivity.

She credits the support of the county government for facilitating her training as a sign language interpreter and urges other facilities to follow suit. In her view, investing in training healthcare workers at all levels is essential not only for improving TB care but also for enhancing interactions with all patients, including those with disabilities.

Valentine Chepkoech's dedication to breaking down barriers and improving healthcare access for the deaf community is a testament to the power of compassion and inclusion. Through her advocacy and expertise, she is transforming the landscape of TB care at Kericho Sub County Hospital and beyond, one sign at a time.

By Mbetera Felix | DTLD

In the quiet hallways of Kericho Sub County Hospital, amidst the whispers of illness, Valentine Chepkoech is a beacon of hope. As a nutritionist turned sign language interpreter, she is reshaping the destinies of deaf patients battling tuberculosis (TB), where silence often speaks volumes about their struggles.

Valentine Chepkoech's journey into the world of sign language interpretation began with a chance encounter with a deaf couple in Kericho. Witnessing their daily struggles and realizing the barriers they faced in accessing healthcare ignited a passion within her to make a difference.

One of the lives she has touched is that of Brian Kipng'eno, a 35-year-old domestic farmer whose TB journey began in October 2022. Initially misdiagnosed with pneumonia, Brian's

condition worsened until he was correctly diagnosed with TB. However, his inability to effectively communicate his symptoms to healthcare providers led to treatment interruption and a further decline in his health.

In June 2023, Brian returned to the hospital, accompanied by his mother. It was here that he met Ms. Chepkoech, whose expertise in sign language bridged the communication gap between Brian and his healthcare team. Through her dedicated efforts, Brian's health has improved, and his cough has subsided.



His inability to effectively communicate his symptoms to healthcare providers led to treatment interruption and a further decline in his health.



Brian Kipng'eno during the interview

Unveiling the TB Saga: Charles Kimweno Mutai's Journey

By Emily Bade

In the serene village of Koitalel, nestled within the verdant landscapes of Konoin constituency, Kericho County, lies the sprawling expanse of tea plantations fondly dubbed the 'Green Carpet'. Amidst the tranquil embrace of nature, a different narrative unfolds within the lungs of Charles Kimweno Mutai, a 43-year-old tea harvester and Wight on the relentless battle against tuberculosis (TB), intertwining family bonds, unwavering perseverance, and the daunting challenges posed by a disease that has cast its shadow over generations.

Whereas TB is not hereditary, the roots of TB in Charles' family extend back to his grandmother, casting a long shadow that has plagued multiple generations. Charles himself encountered TB in 2017 when he began experiencing persistent coughing, accompanied by chest pain and night sweats. His diagnosis marked the beginning of a tumultuous journey as he embarked on a course of medication. However, a premature sense of victory led him to discontinue treatment prematurely, only to find TB resurfacing in 2018 with even greater vigor.

Despite completing a second round of medication, TB continued to haunt Charles' family, striking his mother in 2019 and subsequently infecting him and his younger brother. As Charles reflects on his ordeal, he describes the toll of the disease on his body and the despair of feeling trapped in a cycle of illness. Yet, amidst the darkness, his determination to confront TB head-on emerges as a beacon of hope.

While his mother and brother received treatment at home, Charles found himself isolated in Kericho County Referral Hospital, separated from his loved ones. Despite the emotional and practical challenges of isolation, Charles acknowledges the crucial



Charles Kimweno narrating his journey with TB during the interview

role it plays in ensuring proper care and preventing the spread of TB within households. His experience underscores the commitment of healthcare providers to combat TB, aligning with the goals of the National TB Program.

As Charles shares his journey from the isolation facility, he highlights both the challenges and support he received. While grappling with the emotional strain of separation, he finds solace in the positive impact of medication, experiencing a marked improvement in his symptoms. His plea for early release echoes the importance of reuniting with family and continuing treatment diligently, serving as a poignant reminder of the consequences of non-adherence.

Charles emerges not only as a TB patient but as a potential ambassador for TB awareness, recognizing the urgent need for community-wide testing and increased awareness campaigns. His plea for early detection and adherence to medication resonates deeply, urging others to prioritize their health and confront TB with courage.

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While his mother and brother received treatment at home, Charles found himself isolated in Kericho County Referral Hospital, separated from his loved ones.

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In Charles Kimweno Mutai's story, we witness the collective efforts of the Ministry of Health, the National TB Program, and healthcare providers in the fight against TB. His journey, marked by resilience and newfound awareness, serves as a testament to the possibility of controlling TB and emphasizes the crucial message that TB is curable. As Charles awaits his fate in isolation, his story remains a beacon of hope and a reminder of the importance of early detection, adherence to treatment, and community support in combating this persistent disease.



Diana's Triumph Over Health Trials: A Testimony of Courage and Resilience

By John Gitau : USAID TB ARC II

For Diana Chepkoech, a 31-year-old mother of three, the occasional fatigue from her farming activities seemed normal. But when she began experiencing a persistent cough and feeling weak, she knew something was wrong. Despite attempting to self-medicate with over-the-counter drugs, her condition continued to deteriorate, prompting her eldest son from Londiani to intervene. Together, they sought medical attention at Londiani Subcounty Hospital, where tests revealed a dual diagnosis of TB and HIV. Diana's unwavering faith in healthcare and her previous experience with HIV treatment gave her the courage to face the challenges ahead.

"I had heard about TB before and the diagnosis did not faze me. I've been dealing with HIV and I drew courage from knowing that there was a cure!" she declares.

With the support of her family and community, Diana embarked on her treatment journey. She was admitted for two weeks, however, her health took another hit. Upon further examination at the ward, Agnes Chepkoech, the TB coordinator in Kipkalia Sub-County, revealed distressing news about Diana's health.

"Diana's liver and kidney were not functioning normally, with her kidney sustaining significant damage. As a result of these complications, Diana was transferred to Kericho County Referral Hospital for specialized care." Agnes discloses. "She underwent further tests which confirmed that she had MDR-TB. With her blood pressure also dangerously low, Diana received two pints of blood and was admitted to the hospital's isolation facility for three weeks."

Following stabilization, she commenced MDR-TB treatment and was eventually referred back to Kamwingi Dispensary for continued care.

Amidst Diana's health challenges, Gladys Langat, a nurse at Kamwingi Dispensary, noted that her troubles seemed to compound. Following her TB diagnosis, it was discovered that Diana had also developed a genital ulcer disease. Initially, they anticipated that the ulcers would subside with the anti-TB drugs and antibiotics, but unfortunately, they persisted.

"I had wounds, they were very painful!... I could hardly stand or walk and the distress made me vomit regularly" Diana vividly recalls the pain caused by the lesions, which made simple tasks like standing or walking unbearable. Despite enduring these hardships, Diana persisted in her treatment regimen. After two weeks of medication, the infected wound began to heal. Her perseverance was further bolstered when she started receiving a monthly stipend of Ksh. 6000 from the government to address her nutritional needs.

As Diana continued her treatment, her resilience inspired those around her. Community health workers initiated an awareness campaign, educating others about TB and encouraging testing and preventive therapy for her family and neighbours. Despite facing complications such as genital ulcer disease and enduring the side effects of medication, she persevered, determined to overcome the disease.

Today, Diana's health has improved significantly, and she remains hopeful for a full recovery. Her doctors commend her for her dedication and adherence to treatment, emphasizing the importance of early testing and consistent care. With her wounds healed and her strength renewed, Diana is a testament to the power of faith and perseverance in the face of adversity. As she continues her journey towards healing, she urges others to stay committed to their treatment and believe in the possibility of overcoming TB. For Diana, the path to victory is clear: "Stick to treatment, and you will be cured. TB has a cure, and I have no doubt in my mind."

From Survivor to Advocate: Erick Rotich's Journey in Battling TB and HIV

By Peter Karemi

My name is Erick Kipkoech Rotich, and I'm not just a Community Health Promoter; I'm also a father of four, a survivor, and a beacon of hope for those battling TB and HIV. At 57 years old, I've dedicated my life to serving my community here in Kericho County, working tirelessly to spread awareness and provide support to those in need.

My journey with TB and HIV began in 2006 when I was diagnosed with both diseases. I vividly recall the fear and uncertainty that gripped me at that time, but with determination and the support of my community, I overcame those challenges. After six months of rigorous treatment, I emerged victorious, free from TB, and committed to helping others navigate their own health journeys.

As a Community Health Promoter and educator at the Kericho Comprehensive Care Center, I've had the privilege of sharing my story and offering guidance to countless individuals facing similar battles. My personal experience has provided me with unique insights into the struggles of those living with co-infections, allowing me to connect with them on a deeper level.

One of the most fulfilling aspects of my work is conducting awareness sessions on HIV and TB, where I educate others on transmission, treatment adherence, and the importance of seeking help early. Through collaborative efforts with government partners and organizations, we've been able to reach even the most remote communities, ensuring that essential services are accessible to all.

I've seen firsthand the impact of our efforts, from the timely detection of TB cases to the successful treatment of individuals who once felt hopeless. By sharing my journey of recovery, I've been able to instill hope and



Erick Kipkoech describing his undertakings as a Community Health Promoter

motivation in others, showing them that a normal life is possible even after facing such daunting challenges.

In my interactions with clients, I prioritize warmth, empathy, and adherence to Ministry of Health



One of the most fulfilling aspects of my work is conducting awareness sessions on HIV and TB, where I educate others on transmission, treatment adherence, and the importance of seeking help early.



guidelines. It's essential for them to feel supported and understood, knowing that the government cares for their well-being. Over the years, we've served thousands of clients, and each success story reaffirms my belief in the power of community health promotion.

To my fellow health promoters, I offer this advice: prioritize confidentiality, diligence, and self-motivation in your work. It's not just about financial incentives; it's about making a difference in people's lives and leaving a lasting impact on your community. Together, we can overcome any obstacle and build a healthier, brighter future for all.

Esmail's Journey: TB, Stigma, and Fear for a Brighter Tomorrow



Esmail Wanjala looks on as she holds out a TB message placard with her baby during the interview

By John Gitau: USAID TB ARC II

In the warmth of her expectant glow, Esmail Wanjala cherished every flutter and kick from her growing belly. But beneath her joy, a shadow lurked - tuberculosis, an unwelcome intruder in her life's most precious moment. Cough syrups offered no solace against the persistent cough and chest pain that haunted her days and nights, triggering concern not only from her father but also from neighbours who sensed something amiss.

For Esmail, a 29-year-old mother of two, the discovery of her TB diagnosis was a devastating blow. It was at Mwatete Subcounty Hospital that the truth was revealed, etched in the lines of her chest x-ray and the weary eyes

of the clinicians who broke the news. Monica, a clinician at the hospital, vividly recalls the mix of disbelief and despair that clouded Esmail's face as the diagnosis sank in.

"The moment I received the diagnosis was incredibly challenging. I felt a wave of emotions - from heartbreak to frustration - realizing that TB had taken hold of my life. Doubts crept into my mind, questioning the accuracy of the diagnosis. At times, I even feared I might be battling HIV instead. It was a hurricane of emotions and uncertainties," she recalls.

Admitted to the hospital for three weeks, Esmail's journey toward recovery was fraught with emotional

turmoil. The isolation she felt - rejected by her own father and shunned by neighbours - weighed heavily on her fragile spirit. Each cough felt like a judgment, each glance a reminder of her perceived "otherness." And as she grappled with the challenges of adherence to treatment, her resolve wavered, threatened by the specter of stigma and self-doubt.

But amidst the darkness, according to Monica, a glimmer of hope emerged.

"A team of healthcare workers, community health promoters, and the County TB Coordinator rallied around Esmail, determined to break the chains of stigma and ignorance that bound her. Through education and outreach, they dispelled myths, provided support, and paved the way for Esmail to reclaim her narrative," she adds.

With the birth of her newborn, Esmail found renewed purpose and determination. Through counseling and support groups, she forged ahead, armed with knowledge and resilience. Her journey was not without setbacks, but with each negative sputum test, she drew closer to victory.

Today, Esmail stands as a beacon of hope and resilience, a testament to the power of community and compassion. Her advocacy work, fueled by her own experiences, seeks to dismantle the barriers of fear and discrimination that too often accompany TB. Through her words and actions, she invites others to join her in the fight against TB, offering a message of hope and healing to all who need it.

As Monica reflects on their shared journey, she sees not just a patient, but a survivor - a testament to the strength of the human spirit and the power of empathy. And as they continue their work at Mwatete Subcounty Hospital, they do so with renewed determination, knowing that every life they touch is a victory against TB and stigma alike.

Patrick Masila: A Champion's Journey in the Fight Against Tuberculosis

By Boaz Ouma CHS - USAID TB ARC II

My name is Patrick Masila, and I wear many hats in my community: a village elder, a member of the Community Health Committee (CHC), and most recently, a tuberculosis (TB) champion. My journey as a TB advocate began in November 2022, a turning point that reshaped my mission to protect and uplift my people.

As a community leader, I've always felt a profound duty to care for my neighbours' well-being. So when Veronica Gichuki, a dedicated worker from the local health station, invited me to a TB awareness session, I eagerly accepted. Little did I know, this session would ignite a passion in me to become a TB champion.

During the training, I learned invaluable information about tuberculosis—its transmission, prevention, and treatment. My roles as a village elder and CHC member meshed seamlessly with my new mission. My influence in the Nyumba Kumi system, a local neighbourhood watch initiative, allowed me to spread essential TB information effectively and engage with my fellow villagers.

Together with community health promoters, we formed a dedicated team within the CHC, tirelessly working to eradicate TB from our neighborhood. Our efforts include educating the community on various health issues, identifying potential TB cases, and conducting household screenings. It's a daily commitment, yet the passion for this cause keeps it from feeling burdensome.

Of course, interacting with potentially infected individuals comes with risks. But with proper precautions—like ensuring good ventilation and maintaining safe distances—we press on, running tests to confirm cases and provide necessary care.



Meet Patrick: A Dedicated TB Champion Tracing Hope and Saving Lives in Miritini, Futa Village.

Challenges are part of our journey. Nakuru's low-lying terrain often makes access to healthcare difficult, forcing people to bear transportation costs. Convincing the community that TB testing and treatment are free requires patience and persistence. But we persevere, knowing the importance of dispelling misconceptions about TB.

When we identify a positive TB case, new challenges arise. Crowded living conditions complicate isolation and treatment adherence. To address this, we organize community efforts to collect food donations, ensuring patients have the nutrition needed to take their medication. In severe cases, we consider relocating individuals to reduce population density and facilitate better care.

My reach extends beyond my immediate community to the entire Nakuru West sub-county. As a village elder and TB champion, I have a broad platform for education and outreach.

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My reach extends beyond my immediate community to the entire Nakuru West sub-county.

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Brian Bonaya's Journey: Overcoming Multidrug-Resistant TB

By Fancy Musili

Brian Bonaya, a 34-year-old farmer and father of four from Chamaris Magarini in Kilifi County, shares his journey of surviving Multidrug-Resistant Tuberculosis (MDR TB). MDR TB is caused by bacteria resistant to the most potent TB drugs, isoniazid and rifampin, used in TB treatment.

Brian contracted TB in 2016 while serving a 13-month jail term. Nine months into his sentence, he started experiencing symptoms like body weakness, swelling, and fatigue, which he initially ignored. It wasn't until a severe swelling on his neck led to the removal of pus that he was diagnosed with MDR TB after numerous hospital visits.

Following his diagnosis, Brian was allowed to return home for special care and treatment. The compassionate staff at Chamaris Dispensary educated his family about the disease and how to care for him. Brian began

an intensive treatment regimen, including injectable drugs for eight months, followed by ten months of oral medication. After 18 months, he was fully cured.

"TB drugs are very strong, and using them is challenging. Proper nutrition is crucial to manage the side effects. But if you follow the doctors' instructions and complete the dosage, healing is assured," says Brian.

During his treatment, Brian received six thousand shillings monthly from the Ministry of Health. This financial support enabled him to afford nutritious food and build a house for himself and his mother. He credits his recovery to the dedicated doctors, clinicians, and Community Health Promoters at Chamaris Dispensary for their motivation and guidance.

"I am forever grateful to the government for providing free TB treatment. I urge

the government to ensure cleanliness in prisons and control overcrowding, which is a major challenge," Brian adds.

Now fully recovered, Brian encourages others to seek TB treatment promptly, emphasizing that TB is curable and treatment is free at all government facilities. After completing his TB treatment, Brian returned to prison for four months to finish his sentence.

Brian's story is a testament to the resilience and support within Kilifi County's health system, inspiring others to seek timely treatment and highlighting the importance of community and government support in the fight against TB.



By Fancy Musili

Fatma Mupar Sheban, a 23-year-old graduate with a Bachelor's degree in Human Nutrition and Dietetics from Chuka University, resides in Kaloleni, Kilifi County. Her journey to recovery from tuberculosis (TB) is a testament to her resilience and determination.

In 2022, during her final year at university, Fatma's life took an unexpected turn. She began experiencing persistent severe coughs, sweating, lack of appetite, weight loss, headaches, and chills. Despite numerous visits to the college clinic and a different hospital, she was misdiagnosed and given malaria treatment, which did not alleviate her symptoms. Her health continued to decline, and she faced ridicule and stigmatization from her university mates. Rumors circulated that her weakened and emaciated state was due to HIV infection.

Desperate for answers, Fatma traveled to Mombasa, where she received medication without any explanation of her condition. Her health deteriorated further until her mother took her to

A Journey of Resilience: Fatma Mupar Sheban's Triumph Over TB

Mariakani Sub-County Hospital. There, comprehensive tests revealed she was positive for pulmonary TB but negative for HIV.

Her six-month treatment journey began with regular tests and meticulous care. Her caregivers were also placed on preventive medication to protect them from contracting TB. As she regained her strength, Fatma returned to school, this time transferring closer to Chuka Referral Hospital to continue her treatment. After completing her studies, she returned to Mariakani to finish her treatment.

"I'm well now. I can stand by myself. I feel energized and have regained my confidence. Many thanks to the Mariakani hospital medics for standing by me. I'm equally grateful to my mother and sister, who did everything possible to offer me the best care," says Fatma.

Fatma's message to the community is clear: personal care is crucial, and TB is treatable if one adheres fully to the doctors' instructions.

Nancy Mbodze Laika, a TB and Leprosy Clinician at Mariakani SubCounty Hospital, reports that the hospital records 15 to 20 TB cases monthly and 200 to 250 cases annually.

"We have sensitized a large portion of the community about the disease. Community Health Promoters visit villages, encouraging people to seek medical help if they suspect any TB symptoms. We also create awareness about preventive measures," states Nancy.

Nancy highlights the challenge of misinformation, leading people to believe in witchcraft and seek services from witchdoctors and prayers, only coming to the hospital when it's often too late.

"My happiness is seeing our patients recover and return to their normal health and duties. I urge the government to utilize community barazas and schools to create more awareness. This will help reduce the number of TB cases," adds Nancy.

Nancy's parting words resonate deeply: TB is curable when instructions are followed.

Fatma's journey is a powerful reminder of the importance of early diagnosis, proper treatment, and community support in overcoming TB. Her story inspires others to seek help without fear and underscores the critical role of healthcare providers and loved ones in the healing process.



Top Left: Fatma Mupar all smiles after recovering from Pulmonary TB. Bottom: Clinician Nancy Laika holding out a TB message placard

Lina Kai: A Journey of Resilience and Hope in the Fight Against TB



Left: A Radiant Lina Kai. Right: Lina Kai alongside Fatma Mupar and Clinician Nancy Laika at Mariakani Sub-County Hospital during the interview

Fancy Musili

In Kaloleni, Kilifi County, lies a story of unwavering strength and determination. Lina Kai, a 44-year-old mother of three and a dedicated health worker at Mariakani SubCounty hospital, serves as a beacon of hope for many in her community. Working as a cleaner in the TB clinic laboratory and assisting with sample recording, Lina's role was already significant. Little did she know, she would soon be fighting the very disease she helped others battle.

In 2021, Lina's life took an unexpected turn. She began experiencing symptoms such as loss of appetite, sweating, and chills, which she initially dismissed as a common flu. However, a concerned friend suggested she get tested for TB. Fortunately, working in a TB clinic made access to testing straightforward. A test at the facility confirmed her fears: she had contracted TB.

Upon diagnosis, Lina was immediately placed on TB medication. Her weight had plummeted to 36 kilograms, making it imperative for her to follow a specialized diet to gain weight and strengthen her body to handle the strong medication. The adverse effects of the TB drugs were severe, but with additional medicines to counteract these effects, Lina began her path to recovery.

Throughout her treatment, Lina's 22-year-old son became her primary caregiver, providing her with the support and care she needed. Her colleagues at the TB clinic also played a crucial role, offering constant encouragement and ensuring she had enough nutritious food. There were moments when Lina felt overwhelmed and feared she might not survive. However, the unwavering support from her doctors, who assured her that

adherence to the treatment would lead to recovery, kept her going.

Reflecting on her journey, Lina says, "TB is real and it is everywhere. The cure is also there. If anyone contracts TB, all they need to do is cooperate and follow the doctors' advice. Stick to the right schedule of taking the medicine so as not to give TB bacteria time to work in your body."

Today, Lina is a testament to the power of resilience and community support. She encourages the community to accept and support TB patients, emphasizing that such support brings hope and accelerates the healing process. Lina's story is a powerful reminder that with the right care, encouragement, and adherence to treatment, TB can be defeated.



Mother and Son Conquer Tuberculosis

Fancy Musili

Julius Katana Vuko 34 years and his Mother Jumwa Ndaa Shebe 71 both from Kaembeni Village Kilifi County, are on their journey to full recovery after beating TB, despite facing stigma, poverty and discrimination from the community.

For Katana, he suffered TB for the first time in 2019 in Lamu while working as a boat Captain. He was treated in Malindi Hospital but failure to complete the treatment led to re-occurrence of the TB four times making him extremely sick.

Katana was diagnosed with Drug - Resistant TB, a formidable type that does not respond to standard treatments.

He was so sick, everybody thought he was going to die.

"At some point, I lost my memory because of the severity of the disease. My first wife ran away with our two children thinking I was not going to make it," Katana narrates.

The severity of Katana's condition was dire. His illness was so intense

that he lost his memory, and his first wife abandoned him, taking their two children with her, believing he wouldn't survive. By January 2023, Katana was moved to Kaembeni Village to be under the care of his elderly mother. With the dedicated support of doctors, clinicians, and community health promoters from Marikabuni Dispensary, Katana began a new regimen of TB treatment.

The medical team went above and beyond, pooling their resources to provide for Katana's food and



transportation for regular reviews in Malindi. This support was crucial until the government stepped in with a monthly stipend of six thousand shillings. A few months into the treatment, Katana started regaining his strength and hope.

"My message to people out there is to take action and visit hospital as soon as you experience TB symptoms otherwise you will die. TB is treatable. I am happy to be back to my normal health. Very soon I'm finishing my medication." Katana advises.

Besides financial hardships and lack of food challenge, Katana points out that integrating back to the community has also been a problem. People fear he would infect them even after the treatment.

"While on my sick bed, my mother was my biggest support and care giver. And as fate would have it, she also contracted the disease.

Jumwa, mother to Katana explains how she got infected by his son who she was taking care of. The two shared a single room which was not well ventilated. Jumwa would cook, feed and clean and wash his son's clothes.

As part of the routine, the doctor carried out testes on Jumwa and Katana's uncle who assisted his mother from time to time. The uncle was negative but his mother, Jumwa came out positive and was also put on medication in April 2023.

Kahindi Mwalimu Mumba, a Doctor

from Marikebuni dispensary says he is happy the two patients cooperated and that is why today they are healthy.

Kahindi adds that the dispensary has so far treated three TB clients from the locality.

He says, "I would like to let people know that all TB services are free of charge. TB is treatable if detected early and the response to medication is faster. When the patients cooperate, they make the treatment journey easier."

Doctor Kahindi hopes that their efforts of creating TB awareness will bear fruits and eradicate the disease in the long run.

Katana appreciates her mother together with the Health workers who

monitored his progress daily to ensure his recovery.

Katana also lauds the Government for making TB treatment free and for the six thousand monthly stipend which he admits came in handy. Apart from buying food the money was also, used to pay debts put up a shelter for the family. He has since remarried and lives happily with his wife, two children and his mother.

Katana completed his dosage in June 2024 while his mother Jumwa is set to clear her treatment in October 2024.

Their journey serves as a beacon of hope, demonstrating that with the right care, support, and perseverance, triumph over TB is possible.



Katana in the company of Dr Kahindi Mwalimu



The face of a brave and selfless mother

Surviving MDR-TB: Edna Gaichugi's Journey of Resilience and Recovery



MDR-TB survivor Edna inside the facility

By Boaz Ouma CHS - USAID TB ARC II

In Pipeline Nakuru, a resilient young woman named Edna Gaichugi, 27, shares her harrowing yet inspiring journey of battling Multi-Drug Resistant Tuberculosis (MDR-TB). Edna, a recent graduate of KMTCC Nakuru Campus with a degree in Clinical Medicine, was eagerly awaiting her internship and clinician license when her life took an unexpected turn.

Her ordeal began in September 2021 with a cascade of symptoms—chronic fatigue, joint pains, and an incessant cough. Drawing from her clinical background, Edna initially dismissed her symptoms as the flu and self-medicated with antibiotics. However, her condition only worsened. Each day, she grew weaker, struggling even to find comfort in rest.

In the second week of her illness, Edna decided to seek help at the local sub-county hospital. Despite being prescribed antibiotics and pain relievers, her health continued to deteriorate. Desperate for relief, she visited Valley Hospital Nakuru in the third week. Tests there revealed an infection, but the prescribed medications offered no solace. One evening, her struggle to breathe became so severe that it felt like she was fighting for her life. Her

appetite dwindled, and she began losing weight at an alarming rate. Night sweats became a frequent, unwelcome companion.

Persistent in her quest for answers, Edna returned to Valley Hospital. This time, a chest x-ray and CT scan confirmed her worst fears: tuberculosis. The gravity of her condition became clear, and the news that her illness was resistant to standard treatments was a devastating blow. Having already lost 6 kilograms, Edna faced the daunting reality of an 18-month treatment regimen.

Starting her medication in October, Edna was both anxious and determined. She was referred to a local Chest Clinic, conveniently close to her school, where she would receive her treatment. Before beginning, she was advised on preventive measures to protect her family, emphasizing the importance of wearing masks and ensuring good ventilation at home.

Miraculously, within the first week of medication, Edna's cough began to subside, her appetite returned, and she started to regain weight. Her family, a bedrock of support, played

a crucial role in her recovery. They encouraged her relentlessly, ensuring she never felt alone in her struggle. Each family member underwent chest x-rays, and to their immense relief, all tested negative for TB.

As Edna neared the end of her treatment, she experienced residual chest pains, but these too gradually faded. Reflecting on her journey, she emphasizes the vital role of family support for TB patients, underscoring the necessity of adhering to prescribed medication to prevent further complications. She is also keen to remind everyone that TB treatment is free and that the required medications are readily available.

During her treatment, Edna had to miss several classes, impacting her academic performance, especially during exams. She recalls the stress of failing two sections but persevering to pass the supplemental tests.

To others facing similar challenges, Edna advises, "Complete your prescription, wear a mask even at home, and practice good cough and sneeze etiquette by covering your mouth and nose with your elbow."

Edna also acknowledges the tireless efforts of implementing partners and organizations dedicated to eradicating tuberculosis, stressing that the fight is far from over. Although she is unsure where she contracted MDR-TB, she suspects it might have been through hospital exposure or her regular use of public transportation. Regardless, Edna is now cured and profoundly grateful for this second chance at life and health.

Her story is not just one of survival, but of resilience, determination, and the unyielding support of loved ones. As Edna looks to the future, her journey serves as a beacon of hope for others battling TB, proving that with the right support and treatment, recovery is within reach.

Samson Kibet: A Six-Year Battle Against XDR-TB Ends in Triumph



By John Gitau: : USAID TB ARC II

A warm and emotional welcome awaited 29-year-old Samson Kibet as he returned home to Kacheliba, West Pokot County. After spending over two years in TB isolation, his cousin Gladys and neighbours greeted him with open arms and tears of joy. As he stepped out of the van with a broad smile, Samson was overwhelmed by the heartfelt song and dance. He was finally home, after a six-year battle that had put his dreams on hold and tested his resilience to the limit.

Back in June 2018, Samson's life took an unexpected turn. Fresh out of high school and ready to pursue his dream of becoming a teacher, he began feeling weak, losing weight, and suffering from a persistent cough and occasional night sweats. At Kacheliba District Hospital, tests revealed he had Drug-Sensitive TB (DS-TB). But despite starting treatment, his condition worsened, and further tests confirmed he had Pre-XDR TB, a rare and severe form of TB resistant to almost all known medications.

"I couldn't understand why this was happening to me," Samson recalls. "I had just received an admission letter to Thogoto Teachers College."

Living with his cousin Gladys, a nurse at Kacheliba District Hospital, Samson faced a harsh new reality. Gladys was also deeply concerned for her three children living with them. "I panicked at first!" she admits. "I was worried for their well-being."

Due to the lack of resources at Kacheliba District Hospital, Samson was transferred to Moi Teaching and Referral Hospital (MTRH) for specialized care. He began an 18-month treatment regimen, starting at a mere 41 kg. His unwavering determination saw him through, and by 2020, he was discharged after tests showed he was free of TB.

However, his relief was short-lived. Symptoms resurfaced, and further tests confirmed a recurrence of Pre-XDR TB. Samson was readmitted to MTRH for another 11 months, undergoing intensive treatment once more.

Reflecting on this period, Samson says, "Going through it again was troubling. I felt neglected and questioned the path my life was taking."

Back home, the stigma surrounding his condition was

palpable. Neighbours constantly inquired about his whereabouts and the nature of his illness, prompting Gladys to eventually build a house of her own to escape the judgment and ensure her family's safety.

Despite these challenges, Samson's spirit remained unbroken. In January 2022, he returned to the hospital, alarmed by his deteriorating health. He was coughing up blood and feared the worst.

"He was coughing up blood, which alarmed us, and we had to admit him," recalls Alice Koech, SCTLG Uasin Gishu County.

Samson started another treatment regimen, but three months in, his condition continued to decline. Desperate and disheartened, he confided in Alice, "I don't see the need to continue with these drugs as my health has continued to worsen."

Alice, moved by his plight, provided emotional support and sought a new treatment plan through a collaborative effort involving the National TB Program and various partners. This time, the new regimen began to show positive results. Samson's tests finally came back negative for TB, and in April 2024, he was declared cured and discharged.

Monica Rotich, a clinician at MTRH's MDR-TB Isolation Ward, celebrated Samson's discharge, acknowledging the immense physical and psychological toll the treatment had taken on him. "The duration of treatment was lengthy even for someone as resilient as Samson. It made him anxious and affected his physical and mental health."

Samson, now healthier and weighing 53 kg, is optimistic about the future. He praises his doctors and the unwavering support he received, which helped him persevere through the darkest times.

"Stigma is still prevalent in the community, but we must focus on getting better," he urges. "People need to learn more about TB and



Moi Teaching & Referral Staff celebrate Samson's release from the hospital's TB Isolation Unit



Cake cutting to mark the occasion



CTLG, Uasin Gishu, Charles Kipkurui with Samson

avoid spreading misinformation. TB treatment is free, and it has a cure."

He encourages others to accept their diagnosis and adhere to their treatment. "I've braved the worst days of my life for six years and came out victorious. Thanks to the strong-willed, kind-hearted doctors and God's grace, I am alive today."

Managing such patients can be taxing for healthcare providers, but MTRH supports its staff with counseling sessions to help them cope. "We are grateful to the National TB Program,



Samson receiving a joyous welcome



Samson at his home in Kacheliba family and friends

MTRH management, County Team, and our partners for their support," Monica adds.

"I'm excited to share some incredible news that I've been accepted to join Chester Teachers Training College right here in West Pokot to pursue my dream of being a teacher and making a difference in the world," he delights.

As Samson prepares to embark on a new chapter in his life, he stands not only as a TB survivor but as a testament to the power of resilience and hope.

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From Darkness to Light

Lily Mwarema's Courageous Journey Through the Shadows of Spine TB



By Mbetera Felix | DTL

In August 2022, Lily Mwarema's life took a sudden turn when a sharp pain tore through her spine, throwing her busy salon into silence and her vibrant spirit to a low point. What followed was a journey of agony, uncertainty, and ultimately, triumph over tuberculosis (TB).

At the beginning of her troubles, Lily's resilience shone brightly beneath the pain. Despite the relentless agony, she persevered, blaming the discomfort on her tireless work

routine as an entrepreneur. Yet, as the pain intensified, Lily found herself reluctantly walking the halls of Mama Lucy Hospital in Nairobi County, longing for answers to her suffering.

With each passing day, Lily's suffering grew, while her once-thriving salon shut its doors against the weight of her illness. Desperate for relief, she embarked on a journey of medical consultations and tests, each promising faint hope, only to be met with the harsh reality of inconclusive diagnoses and worsening symptoms.

"I underwent an ultrasound to identify the underlying cause of her symptoms. The initial diagnosis suggested a kidney infection, prompting a series of treatments and tests in search of relief" she says. "Despite these efforts, my condition deteriorated. I sought the expertise of a specialist who directed me to Kenyatta University Referral Hospital. I had to rely on taxis. I could not access public transportation due to my back pain. Still, I wasn't successful."

Faced with the growing financial burden and the crushing weight of uncertainty, Lily made the difficult journey back to her hometown of Kimale in Taveta, her spirit low but unbroken. Every bump in the road served as a painful reminder of her condition, yet her unwavering determination persisted, strengthened by the occasional reprieve of painkillers.

Upon her return, Lily's heartbreak was evident as she witnessed her mother's shock at her weakened state. It was in this moment of despair that Lily's family rallied around her, their dedicated support serving as a beacon of hope amidst the darkness. Her family rallied to raise funds for a crucial CT scan at Moi Hospital in Voi. Despite her worsening condition, she struggled to move, her pain overshadowing every step. To her surprise, the scan revealed functional kidneys, contradicting the earlier diagnosis from Nairobi.

Concerns arose about her spine, as she often required assistance to sit



upright. Further examinations through MRI uncovered the devastating truth: Lily had spinal tuberculosis. This revelation left her confused and shook, confronting her with the awful reality of her illness.

Visiting the TB clinic as advised, she was surrounded by patients exhibiting symptoms she had yet to experience herself. "I did not display any of the symptoms ordinarily present in TB patients. No coughs, night sweats or even fatigue! She declared, "It was a tough pill to swallow!..."

Despite initial fear and denial, Lily, through the steadfast encouragement of her loved ones, found the strength to confront her diagnosis head-on, embarking on the tough path of TB treatment with courage and resilience.

As days turned into weeks and weeks into months, Lily's once-fragile form began to regain its strength, her spirit

became lifted with the support of her family and the guiding light of her faith. Now, on the brink of completing her treatment, Lily stands as a testament to the power of resilience, determination, and the belief that TB can be conquered.

Lily Mwarema's journey through the shadows of TB is a testament to the resilience of the human spirit in the face of adversity. Through darkness and despair, she emerged with newfound strength and a renewed appreciation for life. As she looks towards the future with hope and gratitude, her story is an inspiration to all those battling against extrapulmonary TB, reminding them that with courage, support, and high resolve, even the darkest of nights can give way to the light of a new dawn.

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TB affects 15% of children in Kenya. The new pediatric shorter term treatment regimen strengthens our resolve in the fight to end TB.

Together, let's protect our future generations.

YES!

WE CAN



End TB in Kenya

#AfyaNyumbani

#ThinkTestTreatTB



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NATIONAL TUBERCULOSIS, LEPROSY
AND LUNG DISEASE PROGRAM



**Nearly 50% of
TB patients are
unreached.
Get screened
and tested for
free in public
hospitals.**



Save Generations! Save Lives!

**YES!
WE CAN**



End TB in Kenya

#AfyaNyumbani

#ThinkTestTreatTB

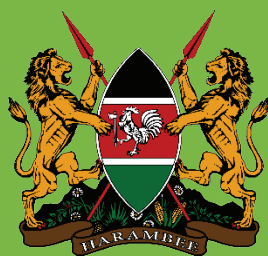


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