



TiBa

A magazine for DTLD

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**Integrated Program
on Asthma, COPD
and TB (iPACT)**

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by*





MINISTRY OF HEALTH



NATIONAL TUBERCULOSIS, LEPROSY
AND LUNG DISEASE PROGRAM

Don't Ignore a Cough!

A cough that won't go away could mean:

- ⊗ Tuberculosis (TB)
- ⊗ Post-TB Lung Disease (PTLD)
- ⊗ Asthma
- ⊗ Chronic Obstructive Pulmonary Disease (COPD)
- ⊗ Lung Cancer



**Visit your health centre early!
Get tested. Get treated.
Even a small cough
can be serious.**



Word from Head, DTLD



Dr. Immaculate Kathure
Ag. Head, DTLD



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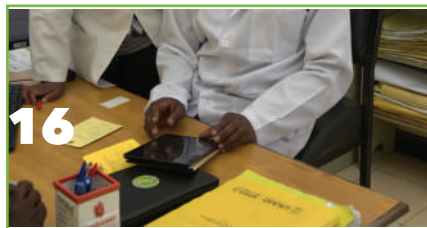


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The editor welcomes articles from readers and stakeholders of DTLD

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

Welcome to the 17th edition of **TiBa Newsletter**, where we celebrate progress, highlight gaps, and spotlight the people and innovations driving Kenya closer to the End TB targets.

As we reflect on our performance and priorities, it is clear that digital transformation and artificial intelligence (AI) are no longer “future options” in lung health and TB care, but today’s accelerators.

Across the country, AI-supported digital chest X-rays are enabling faster triage and earlier detection, especially in high-volume facilities and hard-to-reach settings. At the same time, the digitization of our data and management processes is strengthening continuity of care, improving reporting timeliness, and enhancing accountability. What we can measure well, we can improve.

As a country, we have made notable gains in the TB response, including improved treatment coverage and reductions in TB incidence and deaths compared to past years. 90,900 TB cases were notified in 2025. With an estimated 117,000 TB cases annually, Kenya achieved a treatment coverage of 81% in 2025, reflecting sustained progress in the national response to tuberculosis and continued advancement towards national targets for reducing TB incidence and mortality. Despite these gains, thousands of people with TB are still missed each year, often due to delayed diagnosis, limited access to services, and persistent stigma that discourages timely care-seeking.

This is why the Integrated Program on Asthma, COPD and TB (iPACT) project is so important. iPACT is helping Kenya move beyond a disease-by-disease model by integrating TB and chronic lung conditions within primary health care, linking screening, diagnosis, treatment, referral, and follow-up for TB alongside asthma, COPD, and post-TB lung disease. Integration means fewer missed patients, fewer repeat visits and better outcomes, where many clients live with more than one condition.

In this edition, you will also see the power of integration demonstrated through the Vumbua project in Kiambu county, to health worker capacity building on lung health, to county-level performance improvements and investments such as AI-enabled X-ray and digital systems. These stories are proof that innovation, data use, and integrated service delivery can change lives and can help us end TB.


Thank you to all county teams, community health promoters, partners, and champions whose work continues to push our mission forward. ■

Dr. Immaculate Kathure, OGW


**Ag. Head, Division of Tuberculosis
and other Lung Diseases**




Key Highlights from TB, Leprosy and Lung Health programmes in Kenya, 2025




90,900
TB CASES NOTIFIED
in 2025




78.1%
PUBLIC SECTOR
CONTRIBUTION
to TB notification



98.8%
HIV TESTING
AMONG TB PATIENTS



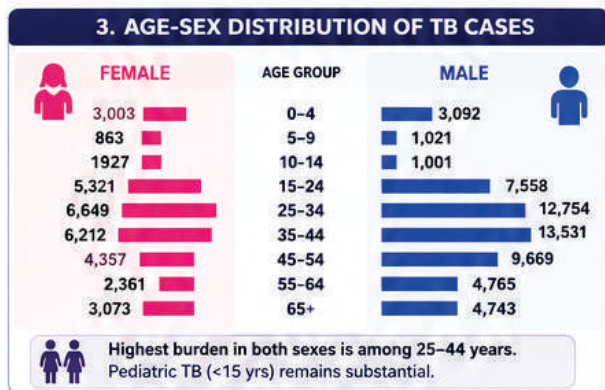
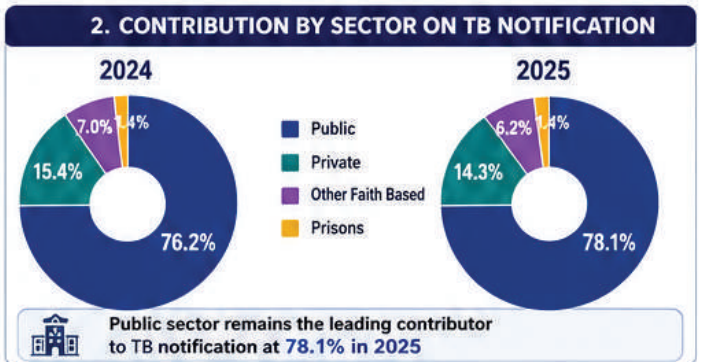
4,106
LUNG HEALTH PATIENTS
REGISTERED



70
LEPROSY CASES
REPORTED

1. TB CASES BY COUNTY (Top 10) WITH PROPORTION OF CHILDHOOD TB

COUNTY	TB CASES	% CHILDHOOD TB
Nairobi	12,242	8.2%
Kiambu	5,711	12.4%
Meru	3,873	10.3%
Mombasa	3,809	11.9%
Nakuru	3,494	9.8%
Homa Bay	3,481	8.6%
Turkana	3,117	21.0%
Murang'a	2,711	15.2%
Siaya	2,606	9.2%
Machakos	2,461	6.7%



4. NUTRITIONAL STATUS & FOOD SUPPORT

NUTRITIONAL STATUS	NO. OF TB CASES	PROPORTION ON FOOD SUPPORT
MM (Moderately Malnourished)	25,640	10.1%
Normal	37,515	1.6%
Obese	4,950	2.5%
Overweight	5,599	1.6%
SM (Severely Malnourished)	17,196	17.2%

Severely Malnourished patients received the highest food support.

5. TB/HIV INDICATORS

- Total TB Cases: **90,900**
- HIV Testing: **98.8%**
- TB/HIV Coinfection: **24.5%**
- ART Uptake among Co-infected: **95.5%**

6. DRUG RESISTANCE SURVEILLANCE

DST TESTING COVERAGE

Previously Treated: **83.1%** (6,910)

New Patients: **71.1%** (58,716)

2025 DRTB NOTIFICATIONS

Adults: **779**

Children: **36**

7. TB TREATMENT OUTCOMES (2024 Cohort)

- Treatment Complete: **89.1%**
- Cured (C): **77.8%**
- Died (D): **5.1%**
- Lost to Follow-up (LTFU): **4.4%**
- Treatment Failed (F): **0.6%**

8. DRTB TRENDS & TREATMENT OUTCOME

DRTB NOTIFICATIONS TREND			DRTB BY RESISTANT PATTERN (2021-2025)				
Year	Adults	Children	MDR/RR	Monoresistant TB	PDR	Pre XDR	XDR
2020	933	24	466	324	2	10	0
2021	784	20	327	413	3	10	0
2022	726	28	375	314	1	10	0
2023	680	23	456	292	2	8	1
2024	723	36	449	345	5	14	2
2025	779	36					

DRTB TREATMENT OUTCOME - 2023 COHORT

- TSR: **86.9%**
- Died: **7.4%**
- Failure: **0.9%**
- LTFU: **3.0%**
- Not Evaluated: **1.9%**

8. LEPROSY SITUATION

TREND OF LEPROSY CASES (2014-2025)

DISTRIBUTION BY ADULTS & CHILDREN (2025)

Adults: **95.7%**

Children: **4.3%**

2025 CASES: **70**

% MB (2025): **80%**

% PB (2025): **20%**

DISABILITY AMONG LEPROSY PATIENTS (2025)

60%

9. INTEGRATED LUNG HEALTH SERVICES

PROFILE OF LUNG HEALTH PATIENTS

Total Registered Patients: **4,106**

SEX: Male 56.3%, Female 43.7%

AGE GROUP (IYGE): 35-49 yrs

BY COUNTY (Top 3): Nakuru 46.1%, Murang'a 29.9%, Nairobi 24.0%

TOP LUNG CONDITIONS

- Asthma: 58.5%
- COPD: 22.0%
- Lung Fibrosis: 7.3%
- Bronchiectasis: 4.8%
- Others: 7.4%

RISK FACTORS & NUTRITION & OXYGEN STATUS GAPS

- Smoking History: 19.3%
- Hypertension: 15.3%
- Obesity: 9.6%
- HIV: 5.0%
- Overweight: 25.6%
- Obesity: 9.5%
- Severe Acute Malnutrition: 4.9%
- SpO₂ < 90% (Hypoxia): 5.7%

TREATMENT OUTCOME

Controlled: **67.1%**

Not Controlled: **27.3%**

Not Recorded: **5.6%**

10. PTLD ASSESSMENT (2025)

Total Patients Assessed: **273**

ASSESSMENT TOOLS USED	CONDITIONS IDENTIFIED
Chest X-ray (66.3%)	Lung Scarring: 62.3%
Molecular Diagnostics (23.1%)	COPD: 29.3%
CT Scan (6.2%)	Bronchiectasis: 13.6%
Spirometry (4.4%)	Recurrent TB: 7.0%
	No Chronic Condition: 40.0%

11. DIAGNOSTICS & LABORATORY SYSTEMS

GENEXPERT TESTING

2024: 427,088

2025: 331,570 **-22%**

Error Rate: 2%

Positivity Rate: **8.0% → 8.2%**

TRUENAT TESTING

Tests Increased in 2025

Improved Positivity & Reduced Invalid Rate

Challenges: TIBULIMS utilization & biodata completeness

NTRL & KEMRI-KISIAN LABORATORIES

Samples Received: **> 22,000**

Turnaround Time: **74 days** (2024: 95 days)

Detected resistance to 1st and 2nd line medicines

12. KEY CHALLENGES & ACHIEVEMENTS

KEY CHALLENGES

- Cold room breakdowns & reagent stock-outs
- Inadequate culture & DST EQA support
- Increasing laboratory workloads
- Data upload challenges affecting completeness

KEY ACHIEVEMENTS

- Laboratory renovations ongoing
- Development of TB biosafety & biosecurity systems

Kenya positions itself for future TB vaccine rollout



Mary Muthoni - Principal Secretary for Public Health and Professional Standards, during the Fourth High-Level Strategic Roundtable of the TB Vaccine Accelerator Council,

By Communications Team - MOH

As global efforts intensify towards the development of a new tuberculosis (TB) vaccine, Kenya is emerging as a strong advocate for equitable access, innovation, and preparedness in ensuring that high-burden countries are not left behind once new vaccines become available.

Speaking during the Fourth High-Level Strategic Roundtable of the TB Vaccine Accelerator Council, Principal Secretary for Public Health and Professional Standards, Mary Muthoni, underscored the importance of the convening in shaping a fair and inclusive global response to TB. She emphasized the need for timely access to future TB vaccines, increased participation of African populations in

clinical trials, sustainable financing, and strengthened regional manufacturing capacity to make vaccines affordable and accessible for countries most affected by the disease.

The discussions come at a critical moment as the world moves closer to potential breakthroughs in TB vaccine development, offering renewed hope in the fight against one of the world's deadliest infectious diseases. For Kenya, the meeting also provided an opportunity to showcase progress made in reducing TB incidence by 45 percent and TB-related deaths by 58 percent since 2015 through expanded diagnostics, integrated TB/HIV services, and improved access to treatment.

Despite these gains, TB continues to pose a significant public health challenge, with nearly one in five cases still missed annually. Kenya is therefore strengthening its preparedness for future vaccine introduction through improved regulatory systems, vaccine deployment planning, and exploration of local manufacturing opportunities.

Kenya reaffirmed its commitment to ending TB through stronger prevention efforts, early diagnosis, expanded treatment access, innovation, and accelerated access to safe and effective TB vaccines, while calling for stronger global solidarity to ensure lifesaving innovations reach the communities that need them most. ■

Kenya Health Security Convention: Renewed commitment to public health resilience



A moment of celebration and reflection as James Nyikal, Chairperson of the National Assembly Departmental Committee on Health, Board Chair Paul Ndung'u Kariuki, and Ag. Director General Dr. Kamene Kimenyie joined delegates in cutting a commemorative cake to mark one year since the establishment of the Kenya National Public Health Institute (KNPHI)—a milestone in strengthening Kenya's public health security and resilience.

By Mbetera Felix - DTL

The inaugural Kenya Health Security Convention 2022 concluded in Mombasa with renewed commitment from government, Parliament, scientists, and health partners to strengthen Kenya's preparedness against current and emerging public health threats, including tuberculosis, lung diseases, pandemics, antimicrobial resistance, and future health emergencies.

Held from May 5 to 8, the landmark convention brought together policymakers, researchers, public health experts, development partners, and private sector leaders in what emerged as one of the country's most significant health security engagements in recent years. Discussions focused on building resilient health systems through stronger disease surveillance, emergency preparedness, laboratory systems, community health, and evidence-driven response mechanisms.

Speaking during the closing ceremony, James Nyikal, Chairperson of the National Assembly Departmental Committee on Health, described the convention as a defining moment for Kenya's public health sector. He commended the Kenya National



Dr Kamene Kimenyie, Ag. KNPHI Director General addressing the conference.

The convention also highlighted the growing importance of integrated approaches in tackling diseases such as TB and other lung conditions.

Public Health Institute for creating a platform that has elevated national conversations around health security and preparedness, while reaffirming Parliament's commitment to supporting stronger legal and policy frameworks for the institution.

The convention also highlighted the growing importance of integrated approaches in tackling diseases such as tuberculosis and other lung conditions, particularly through stronger surveillance systems, laboratory networks, research, and community-centered health interventions. Health experts emphasized that strengthening health security systems is not only critical for responding to pandemics, but also for accelerating progress against long-standing public health burdens such as TB, antimicrobial resistance, and chronic respiratory illnesses.

During the legislative breakout sessions, Members of Parliament pledged support towards sustainable financing, policy reforms, and oversight mechanisms to strengthen Kenya's health security architecture. Leaders further called for urgent action against antimicrobial resistance, warning that drug-resistant infections continue to place immense pressure on health systems and economies globally.

A major outcome of the convention was the adoption of the Mombasa Declaration, a collective commitment by stakeholders to strengthen collaboration, resilient systems, scientific innovation, and sustainable partnerships in protecting the health and wellbeing of Kenyans. ■

“Yes! We Can End TB”: Kenya turns World TB Day into a movement of hope

By Mbetera Felix - DTLD

On a vibrant afternoon at the University of Nairobi Graduation Square, music, football, dance, and powerful personal stories came together to deliver one urgent message, **tuberculosis (TB) can be defeated if communities, government, and young people act together.**

World TB Day 2026 in Kenya was more than a health commemoration. It became a people-driven movement that transformed awareness into action, especially among youth and men who remain disproportionately affected by the disease.

Observed globally every March 24, World TB Day marks the historic discovery of the TB-causing bacterium by Robert Koch in 1882, a breakthrough that paved the way for advances in diagnosis, treatment, and prevention. Today, technology has transformed TB care from symptom-based screening and microscopy to rapid molecular tests and AI-enabled digital chest X-rays, while shorter and safer treatment regimens are improving recovery and saving lives.

Yet despite this progress, TB remains one of Kenya’s biggest public health challenges. The disease continues to thrive silently through stigma, delayed diagnosis, poverty, and inequality. Men, particularly those aged 20–44 years, account for the majority of TB cases, with many remaining undiagnosed or untreated.

Recognizing this gap, Kenya’s 2026 World TB Day celebrations deliberately focused on youth and men through sports, music, and community engagement. Organized by the Ministry of Health through the Division of Tuberculosis, and other Lung Diseases, under the leadership of Dr. Immaculate Kathure and partners, the event featured an End TB football tournament and a youth-centered concert headlined by celebrated musician and TB survivor Bensoul.

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Ag. Head-Division of Tuberculosis and Lung Disease (DTLD), Dr. Immaculate Kathure, takes the Cabinet Secretary for Health, Hon. Aden Duale, and Principal Secretary for Public Health and Professional Standards, Mary Muthoni, through the Integrated Lung Health screening process at the World TB Day exhibition tent, showcasing Kenya’s progress in expanding access to comprehensive lung health services



Cabinet Secretary for Health, Hon. Aden Duale, delivers his remarks during the event



Principal Secretary, Mary Muthoni reaffirming the Government’s commitment to accelerating efforts to end tuberculosis



James Nyikal, Chairperson of the National Assembly Departmental Committee on Health, delivers his remarks



Dr. Neema Rusibamayila Kimambo, World Health Organization (WHO) Representative to Kenya, addresses participants



A section of participants listens keenly during the World TB Day proceedings

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Sharing his personal TB journey, Bensoul openly challenged stigma and encouraged young people to seek screening early. His testimony resonated deeply with the audience, proving the power of lived experiences in changing perceptions and inspiring action.

Cabinet Secretary for Health, Hon. Aden Duale, who presided over the event, reaffirmed Kenya's commitment to ending TB through the Taifa Care Model, expanded diagnostics, stronger community systems, and targeted interventions for high-risk populations. He noted that Kenya diagnosed and initiated treatment for over 90,900 people with TB in 2025, achieving a 45 percent reduction in TB incidence and a 58 percent decline in TB-related deaths since 2015.

The event also brought together key leaders including Principal Secretary Mary Muthoni, Members of Parliament, development partners, health workers, TB survivors, and community champions.

But beyond the speeches and statistics, the true spirit of World TB Day 2026 was found in the crowds of young people dancing, listening, asking questions, and choosing to speak openly about TB.

As chants of "Yes! We Can End TB" echoed across the university grounds, Kenya's message became clear: **ending TB is not only possible, it will happen when communities lead the fight together.** ■

When music meets purpose: How Bensoul's voice inspired a generation to stand against TB



Sol Generation star Bensoul electrifies the crowd with a captivating performance during the World TB Day concert

By Mbetera Felix

The excitement at the University of Nairobi Graduation Grounds was unmistakable. Some went ballistic running towards the stage and others recorded videos for TikTok and Instagram.

As Sol Generation star Bensoul stepped onto the stage during the 2026 World TB Day celebrations, a thunderous roar erupted from the crowd. The university grounds transformed into a sea of voices singing along to his hits. For many, it was more than an ENDTB concert, it was a chance to connect with an artist whose music had become the soundtrack of their lives.

But on this day, Bensoul brought more than music. Supported by the Global Fund through Amref Health Africa and the Ministry of Health's National Tuberculosis Program, the artist stood before the audience not only as a performer, but as a TB survivor and ambassador of hope.

The crowd danced as familiar melodies like Lucy and Favorite Song filled the air. Then the music paused.

The atmosphere shifted from celebration to reflection as Bensoul shared a deeply personal story that many in the audience had never heard before. Years ago, after suffering from a persistent cough for more than a month, he feared the worst.

"People thought I had HIV," he told the silent crowd. "I felt like I had all the symptoms. I remember thinking that life was coming to an end."

He underwent testing and was relieved to find he was HIV-negative. Yet the mystery remained until further examinations revealed the real diagnosis. Tuberculosis.

The revelation stunned many who listening attentively. Here was one of Kenya's most celebrated musicians admitting that he, too, had once been vulnerable, frightened, and uncertain.

Bensoul recounted the difficult months that followed: six months of treatment, daily injections, physical weakness, and moments when he nearly abandoned his dream of making music altogether.

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"I woke up one morning and gave away all my good songs because I thought I was done," he confessed. For a moment, the crowd fell completely silent. Many young people saw themselves in his story. In a generation where fear of judgment often prevents people from seeking help, Bensoul's honesty became a powerful lesson that illness does not discriminate. Talent, success, popularity, and youth do not provide immunity against TB. Yet his story did not end in despair. It ended in recovery. It ended on that very stage, healthy, energetic, and inspiring thousands of young Kenyans.

His message was simple but powerful: if you have a persistent cough, fever, night sweats, weight loss, or chest pain, get tested. TB is preventable, treatable, and curable.

He challenged young people to reject stigma and support friends, classmates, and family members affected by the disease.

The response from the audience was overwhelming. They cheered and applauded the guest artist. The moment underscored an important lesson for public health communication: young people listen to people they trust. While medical facts and statistics remain critical, lived experiences often have the greatest power to influence behaviour.

By engaging local artists like Bensoul as TB ambassadors, the National TB Program is reaching young audiences through voices they admire and relate to. Artists bridge the gap between health information and everyday conversations, transforming complex messages into stories of hope, courage, and action. The fight against TB is not only happening in hospitals and laboratories. It is happening on stages, in classrooms, on social media, and in communities across Kenya. And sometimes, all it takes to inspire change is one survivor, one microphone, and one powerful story, enough to turn a concert into a movement. ■

More Than a Game: How football is helping Kenya score against TB

By Mbetera Felix - DTL D

Teams gathered at Jericho Grounds for the End TB football tournament. The grass was patchy and the goalposts weathered. Yet to the young men lacing up their boots, it felt like Nyayo Stadium, one of the premier sports arenas in the country.

They had come from Kibra and Jericho. Some had closed their small businesses for the day. Others had postponed casual jobs or travelled long distances just to play. They arrived not only carrying football boots, but also dreams, and stories of everyday struggles. For over those two days, they found something bigger than a tournament. They found a cause.

Organized by the Ministry of Health's Division of Tuberculosis and Other Lung Diseases as part of the World TB Day celebrations, and supported by the Global Fund through the Kenya Red Cross Society, the End TB Football Tournament brought together eight community teams from Nairobi's Eastlands and Kibra neighbourhoods.

At first glance, it looked like any other grassroots football competition. Players warmed up. Fans gathered around the touchlines. Music played. Friends exchanged banter and predictions about who would lift the trophy.

But just a few metres from the pitch stood something unusual. Health workers, Community Health Promoters, and End TB Champions mingled with spectators and players. Screening tents stood quietly behind the goalposts. Between matches, conversations about football naturally

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Health Cabinet Secretary Hon. Aden Duale steps up to take a penalty during the World TB Day High-Level Penalty Shootout.

Cont'd from pg 10

turned into conversations about health.

And that was exactly the point. For years, tuberculosis has disproportionately affected men, many of whom often delay seeking care or dismiss symptoms until the disease becomes severe. Traditional health messages do not always reach them. Football does.

Every tackle, every sprint, and every goal created an opportunity to start conversations that rarely happen in clinics. Community Health Promoters engaged players on the signs and symptoms of TB. Young men who would never attend a health forum found themselves asking questions about persistent coughs, unexplained weight loss, and where to seek testing.

The tournament became more than a sporting event. It became a safe space. A place where health information felt natural rather than intimidating and where seeking care was normalized rather than stigmatized.

When the final whistle blew, Sita Mbili FC from Kibra lifted the championship trophy after an impressive campaign. But the true victory belonged to the entire community.

Behind the scenes, men had stepped into screening tents. Health concerns that had remained unspoken were finally discussed. Myths about tuberculosis were challenged. Lives may well have been changed. The tournament's impact reached its peak during the national World TB Day celebrations at the University of Nairobi, where dignitaries joined the Cabinet Secretary for Health, Hon. Aden in a symbolic penalty shootout. The crowd erupted with excitement as leaders stepped up to take their penalty shots, sending a powerful message that the fight against TB belongs to everyone.

The symbolism was impossible to miss. Just as football requires teamwork, discipline, strategy, and persistence, so does the fight against tuberculosis. The End TB Football Tournament demonstrated that sometimes the most effective health interventions begin on dusty or muddy community pitches where people feel comfortable, connected, and heard. ■





COVER STORY:

Sustaining progress in integrated lung health through Kenya's iPACT initiative



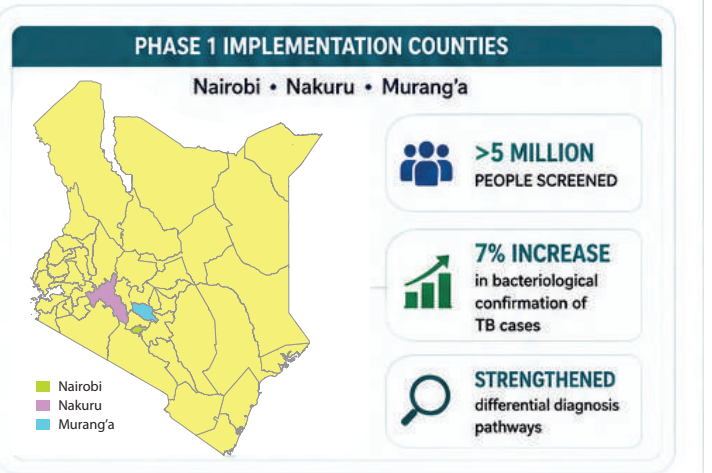
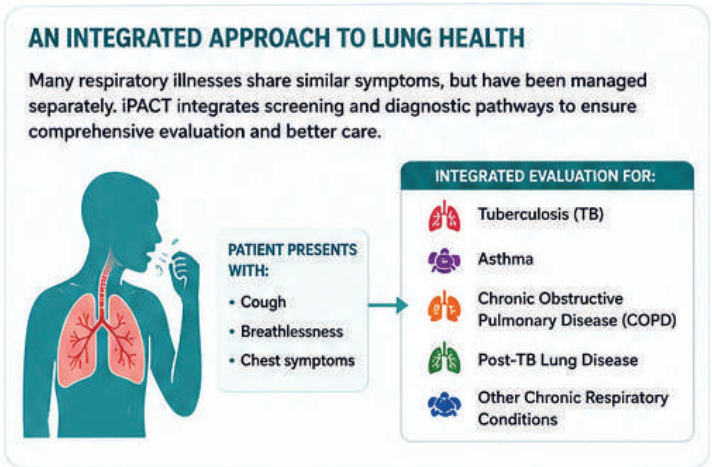
A clinician attends to a client during an integrated lung health consultation in Murang'a County, demonstrating the county's commitment to providing comprehensive, people-centred care for tuberculosis and other respiratory conditions.

By Mbetera Felix - DTLD

Kenya is redefining the future of respiratory healthcare through the Integrated Program on Asthma, COPD and Tuberculosis (iPACT), an innovative initiative that is transforming how lung diseases are detected, diagnosed, and managed across the country. Led by the National Tuberculosis, Leprosy and Lung Disease Program under the Ministry of Health, iPACT was launched in August 2024 as part of the National Strategic Plan for Tuberculosis, Leprosy and Lung Health (2023/24–2027/28). The initiative represents a major shift from traditional vertical disease programming toward a people-centered, integrated model of care that addresses both communicable and non-communicable respiratory diseases within routine health systems.

Supported by GlaxoSmithKline (GSK) and the Gates Foundation through the Clinton Health Access Initiative, the program brings together county governments, implementing partners, research institutions, development agencies, and civil society organizations in a coordinated effort to strengthen lung health services nationwide. By leveraging Kenya's already robust TB infrastructure of over 4,600 diagnostic and treatment sites, iPACT is demonstrating how existing systems can be optimized to provide comprehensive respiratory care while improving efficiency, sustainability, and patient outcomes.

At the heart of iPACT is the recognition that respiratory illnesses often present with similar symptoms, yet healthcare systems have traditionally managed them



separately. Through integrated screening and diagnostic pathways, the initiative is ensuring that patients presenting with cough, breathlessness, or chest symptoms are not only assessed for tuberculosis, but are also evaluated for asthma, Chronic Obstructive Pulmonary Disease (COPD), post-TB lung disease, and other chronic respiratory conditions. This integrated approach is helping to close long-standing gaps in diagnosis while reducing missed opportunities for care.

The first phase of implementation in Nairobi, Nakuru, and Murang'a counties has already produced encouraging results, validating the effectiveness of integrated lung health service delivery within existing TB platforms. More than five million people have been screened in iPACT-supported counties, contributing to a 7.5 percent increase in bacteriological confirmation of TB cases and significantly strengthening differential diagnosis pathways. Beyond TB, the initiative has enabled the identification and linkage to care of thousands of patients with other chronic respiratory conditions, including 80,915 cases of asthma (KHIS), 1,278 cases of COPD, 425 cases of PTLD, and 137 cases of patients with lung nodules referred

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EARLY RESULTS: IMPACT THAT MATTERS

<p>BEYOND TB: IDENTIFYING & LINKING TO CARE FOR CHRONIC CONDITIONS</p> <p>80,915 ASTHMA CASES (KHIS)</p> <p>1,278 COPD CASES</p> <p>HUNDREDS POST-TB LUNG DISEASE CASES</p>	<p>IMPROVED TB DIAGNOSTIC QUALITY (Apr-Dec 2025)</p> <p>68%</p> <p>Bacteriological confirmation rate across three counties</p>	<p>Increase in TB notification in iPACT activated sites</p> <p>Murang'a 6%</p> <p>Nairobi 6%</p> <p>Nakuru 21%</p>	<p>STRONGER TB CARE, BETTER LUNG HEALTH</p> <p></p> <p>Integrated service delivery strengthens TB detection and improves identification of chronic lung diseases.</p>
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STRENGTHENING SYSTEMS. EMPOWERING PEOPLE.

<p>HEALTH WORKFORCE CAPACITY</p> <p>3,000+ Healthcare workers trained</p>	<p>HEALTH FACILITY REACH</p> <p>560+ Health facilities trained</p>	<p>COMMUNITY ENGAGEMENT</p> <p>1,100+ Community Health Promoters equipped</p>	<p>ENHANCED DIAGNOSTIC CAPACITY</p> <p> Digital Chest X-ray</p> <p> Spirometry</p> <p> Peak-flow Testing</p> <p>Deployed within a coordinated hub-and-spoke referral model for timely, accurate diagnosis.</p>
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for further evaluation and diagnosis as at December 2025. These findings demonstrate the importance of moving beyond TB-only screening approaches toward comprehensive lung health services that respond to the broader burden of respiratory illness in Kenya.

The initiative has also contributed to measurable improvements in TB notification and diagnostic quality. Between April and December 2025, bacteriological confirmation rates across the three phase-one counties rose to 68 percent, reflecting notable progress compared to previous years. During the same period, TB notifications increased by 6% in Murang'a, 6% in Nairobi and 21% in Nakuru, further reinforcing evidence that integrated service delivery strengthens TB detection while simultaneously improving identification of chronic lung diseases.

"The success of iPACT shows that integrated lung health services can strengthen TB detection while improving detection for asthma, COPD, and other chronic respiratory diseases. This is a critical step toward building a more responsive and people-centered health system in Kenya," said Dr. Immaculate Kathure.

Equally important has been the investment in health system strengthening and workforce capacity. During Phase I of implementation (up to May 2026), approximately 1,100 healthcare workers from health facilities were trained through classroom-based capacity-building sessions, while over

2,000 additional healthcare workers were reached through facility-based Continuous Medical Education (CME) sessions and sensitization activities. In addition, more than 1,000 Community Health Assistants (CHAs) and Community Health Promoters (CHPs) were equipped with the knowledge and skills needed to support early detection, referral, treatment adherence, and community awareness creation for tuberculosis and other lung health conditions. Diagnostic capacity has also been enhanced through the deployment of digital chest X-ray technology, spirometry, and peak-flow testing within a coordinated hub-and-spoke referral model, ensuring patients can access more accurate and timely diagnosis closer to their communities.

According to Davis Karambi, the initiative is providing important lessons for the future of respiratory healthcare in Kenya and beyond. "iPACT is proving that by leveraging existing TB systems, countries can deliver comprehensive lung health services more efficiently and sustainably. The early results demonstrate the power of partnership, innovation, and integrated care in improving patient outcomes," he noted.

These achievements provide strong evidence that integrated lung health services are both practical and scalable within routine healthcare settings. As Kenya continues to expand iPACT into additional counties, the initiative is laying the foundation for a sustainable national model that strengthens TB care while addressing the growing burden

"The success of iPACT shows that integrated lung health services can strengthen TB detection while improving care for asthma, COPD, and other chronic respiratory diseases. This is a critical step toward building a more responsive and people-centered health system in Kenya."

*Dr. Immaculate Kathure, OGW
Ag. Head, Division of Tuberculosis and other Lung Diseases*

"iPACT is proving that by leveraging existing TB systems, countries can deliver comprehensive lung health services more efficiently and sustainably. The early results demonstrate the power of partnership, innovation, and integrated care in improving patient outcomes."

*Davis Karambi
Clinton Health Access Initiative*

of asthma, COPD, and other chronic respiratory conditions. Ultimately, iPACT is not only improving disease detection and patient outcomes, but also reshaping the country's approach to respiratory healthcare by building a more integrated, efficient, and people-centered health system. ■



Re-defining lung health in Kenya: How iPACT moved from idea to action

A nation that has long fought tuberculosis is now reorganizing its entire respiratory response, opening one door for many lung conditions.

By Dr. Grace Kaluai - CHAI

For more than two decades, Kenya’s respiratory response has been built around one disease: tuberculosis. The TB program grew strong, with trained healthcare workers, laboratories, registers and partners aligned behind a single goal. Yet patients arriving at chest clinics often came with more than TB. Some had asthma, others chronic obstructive pulmonary disease (COPD), post-TB lung disease (PTLD), or even early lung cancer. Many were turned away, symptomatic but TB-negative, slipping out of the system with no clear next step.

In August 2024, the Ministry of Health, through the National TB, Leprosy and Lung Disease Program, set out to change that. With technical and financial partnership from the Clinton Health Access Initiative, the Gates Foundation, and GSK, the Division launched the Integrated Program on Asthma, COPD, and TB — iPACT. The idea was simple but ambitious: do not build a parallel system for each new disease; instead, leverage the existing TB infrastructure to deliver screening, diagnosis, and care for the full range of chronic respiratory conditions, all from the patient’s first point of contact.

A baseline Service Availability and Readiness Assessment(SARA) was conducted across 199 facilities, an integrated lung health guideline and care algorithm were finalized, monitoring tools in TiBU and KHIS were redesigned to capture asthma, COPD and PTLD, and over 1,100 health care workers receiving classroom training and 2,000 CMEs and mentorship on the integrated approach. Phase one began in three proof-of-concept counties: Nairobi, Nakuru, and Murang’a. These counties were chosen for their high TB burden with a mixed urban and rural geography.



A clinician attends to a client during an integrated lung health consultation in Nakuru County.

From 199 facilities assessed at the baseline, to over 3000 health workers trained, Phase I laid the groundwork for a more integrated, patient-centered approach to lung health in Kenya.

*Dr. Ibrae Umuro
Lung Health Focal Person
Division of Tuberculosis and other Lung Diseases*

By the end of phase one, the proof was tangible. TB notifications had risen by an average of 7.5 per cent across activated sites, bacteriological confirmation had improved, and tens of thousands of asthma cases, alongside hundreds of COPD and PTLD cases, had been formally captured in the national system for the first time. With the foundation built, the program is now scaling up to fifteen additional counties, covering 18 high-burden counties in total. iPACT is no longer a pilot. It is becoming the country’s blueprint for how lung health is delivered. ■



199

Facilities assessed at baseline



4000+

Health care workers, CHPs & CHAs trained in phase one



3

Proof of concept counties in phase one (Nairobi, Nakuru and Murang’a)



18

Total focus counties at scale-up

Murang'a shows what integrated lung health looks like in practice

A three-day push in one rural county on World TB Day demonstrated that an integrated algorithm, smart use of digital X-rays, and spirometry can transform diagnosis at scale.

By Victoria Wanjohi - CHAI

MURANG'A COUNTY

Respiratory diseases account for 25 per cent of outpatient visits in Kenya, yet for years the workflows in most facilities have remained stubbornly siloed: a TB lane on one side, an asthma or COPD lane somewhere else, and very little in between. Murang'a County set out to challenge that. As part of iPACT phase one, the county team designed a three-day implementation that brought every element of the new integrated approach into the same tent: community-based outreaches, two prison centres, AI-supported digital chest X-rays, and on-the-spot spirometry.

Launched on in March 2025, the pilot was a stress test of the new integrated algorithm. Community Health Promoters mobilized residents in catchment areas. At triage, every participant was screened symptomatically using the expanded checklist that goes beyond the four classic TB questions to also assess risk factors and signs of asthma, COPD, PTLTD, and lung cancer. Anyone symptomatic was offered a digital chest X-ray with AI interpretation. Those with abnormalities other than TB were then evaluated using spirometry to differentiate between obstructive and restrictive lung patterns. The pathway sounds straightforward on paper. The achievement was making it run, end to end, in real field conditions.

The numbers tell the story. A total of 1,393 individuals were screened, with men making up 91 per cent of those reached — a population that ordinary clinic-based screening rarely captures. About 33 per cent (464 people) were symptomatic and received a chest X-ray. Of these, 29 per cent had findings suggestive of TB, 2 per cent had lung nodules requiring cancer referral, 21 per



Murang'a County TB and Leprosy Coordinator shares insights on the impact of the iPACT Project, highlighting how integrated lung health services are improving case detection.

cent had abnormal features suggestive of other lung diseases, and 15 per cent had findings suggestive of both TB and other lung diseases. Of the 98 spirometry tests performed, 13 showed asthma, 7 confirmed COPD, 1 was a mixed obstructive-restrictive picture and 3 indicated post-TB lung disease. Thirty-six TB cases were confirmed using molecular testing. Every patient was linked into appropriate, condition-specific care.

Murang'a's experience matters beyond its own borders. It is one of the first practical demonstrations in Kenya that an integrated screening and diagnostic workflow can be deployed in a single setting, on a single day, and yield meaningful results across multiple lung conditions. The same model has since informed how iPACT is being rolled out in additional counties, with the Murang'a team frequently called on to share what worked, what did not, and what should be adapted before any new county attempts it for itself. This best practice work was presented at the 2025 Union conference under the theme area of Adult lung-burden and care of lung conditions. ■



1,393

Screened in 3 days



464

Received digital chest X-rays



36

TB cases confirmed



24

Asthma, COPD, PTLTD diagnoses

How evidence is driving Kenya's lung health scale-up

By Dr. Grace Kaluai - CHAI

Before scaling anything, the program asked an uncomfortable question: are our facilities actually ready to deliver integrated lung health? In December 2024, a cross-sectional Service Availability and Readiness Assessment was conducted in seven priority counties — Bungoma, Kilifi, Murang'a, Migori, Nakuru, Nairobi and Turkana. Of the 201 facilities sampled, 199 (99 per cent) were assessed. The findings were sobering. Only 1 per cent of the 13,504 health workers identified were lung health specialists, and 60 per cent of those were based in Nairobi. Only 9 per cent of facilities had spirometers, 80 per cent of which were again in Nairobi and 60 per cent in private hands. Tobacco cessation services were available in just 11 per cent of facilities. The siloed approach to TB, the assessment confirmed, had left non-TB lung diseases visibly under-supported.

Far from being discouraging, that baseline became the program's strongest planning tool. It identified exactly where spirometers, peak flow meters and pulse oximeters needed to be deployed, which workforce gaps had to be closed through training, and which county-level investments could not be delayed. Two scientific manuscripts based on the assessment are now under publication: "Breathing Beyond TB" and "Breath of a Nation", both expected to anchor the global conversation on integrated lung health service delivery in low- and middle-income settings.

AI-powered X-rays change what is possible in a community tent

Of all the technologies tested in phase one, none has been more consequential than digital chest X-ray with AI-assisted interpretation. Between February and March 2025, Nairobi County partnered with iPACT to conduct ten targeted community



Clinician review and discusses patient data captured through the TiBuLite digital platform

screenings in TB hotspot areas. A total of 2,863 individuals received messages on chronic respiratory disease and 2,191 (77 per cent) underwent dCXR screening. The AI flagged 336 X-rays (15 per cent) as suggestive of TB, and follow-up GeneXpert testing confirmed 130 TB cases, 86 bacteriologically and 44 clinically. A further 3 per cent of those screened showed abnormal suggestive of other findings including 4 lung nodules that were referred for further evaluation, while the others were referred for spirometry..

A holistic redesign, not a workaround

All of this fits inside a deliberate national redesign. Kenya's TB Program, in partnership with key stakeholders, reviewed its strategic and investment plan and developed a holistic, objective-driven roadmap. The program assessed 199 facilities, developed an integrated

lung health guideline complete with a defined package of care, algorithms and a training curriculum, expanded its monitoring and evaluation indicators in the TIBU system, commissioned county-level roll-out in the first three counties through county leadership, and developed implementation science protocols to evaluate every major intervention before it goes to scale.

The second half of 2026 will test whether what worked in three counties can hold in eighteen. The framework, however, is now in place: evidence first, integration by design, technology that scales, and a TB program that is steadily becoming a lung health program. For Kenya — and arguably for the region — that shift may turn out to be one of the most significant public health redesigns of the decade.

iPACT • Integrating screening, diagnosis, and care for every breath ■



2,863

Individuals who received messages on chronic respiratory disease



2,191

Screened with dCXR + AI (Nairobi)



130

TB cases confirmed in Nairobi hotspots



67

Other lung conditions detected

“ The second half of 2026 will test whether what worked in three counties can hold in eighteen. ”

Data systems revolutionized to track lung health nationwide

By Ibrae Umuro - DTLD

Kenya has achieved a transformative milestone in respiratory disease surveillance with the full integration of chronic lung disease indicators into national health information systems. For the first time in the country's history, asthma, COPD, post-TB lung disease, and occupational-related lung conditions are being tracked alongside TB through the national TIBU and KHIS platforms. An interim integrated lung health register was deployed to 165 facilities across phase one counties to ensure continuity of data capture while digital platforms underwent enhancement and integration.

The TIBU system now features dedicated modules for enhanced screening, PTLT assessment, and a comprehensive lung health register that captures patient journeys from screening through diagnosis to treatment outcomes. This digital transformation enables real-time monitoring, evidence-based resource allocation, and data-driven policy decisions.

Healthcare workers in Nairobi, Nakuru, and Murang'a have been trained on the new TIBU Lite lung health screening modules, ensuring that every case identified contributes to Kenya's growing body of evidence on respiratory disease burden. With supply chain information systems also updated to track spirometry and peak flow meter consumables through KHIS, the country now has end-to-end visibility of lung health service delivery, from commodity availability to patient outcomes. This robust data infrastructure positions Kenya as a regional leader in integrated respiratory disease surveillance and sets the foundation for evidence-based programming as services scale to all 47 counties by 2028. ■

Integrated Program on Asthma, COPD and TB (iPACT) expands services across 18 counties with phased implementation approach



A clinician demonstrates a lung function test, an essential diagnostic procedure used to assess respiratory health and support the early detection and management of chronic lung diseases.

By Brandwell Mwangi- CHAI

iPACT has demonstrated that integrated lung health is feasible and impactful, with concrete plans for strategic expansion. The immediate priority is achieving full saturation in phase one counties of Nairobi, Nakuru, and Murang'a, expanding from the current 165 facilities in the three counties as at December 2025 to 426 in April 2026 bring the total reached in phase 1 to 560 facilities. This involved training 1,100 health care workers through classroom training and 2,000 through CMEs and mentorship. Additionally, 1,000 CHAs/CHPs were sensitized in phase one.

Phase two, which commenced in March 2026, extended integrated lung health services to 15 additional counties: Bungoma, Busia, Embu, Homa Bay, Kakamega, Kilifi, Kirinyaga, Kisumu, Kwale, Nandi, Nyeri, Siaya, Taita Taveta, Tharaka Nithi, and Trans Nzoia. This expansion will activate all 2057 TB treatment sites across these counties, training 4584 health care workers through classroom training and scaling



iPACT Activated Sites
Murang'a +6% | Nakuru
+21% | Nairobi 6%



Key Takeaways - iPACT
Activation is driving positive
translation growth across
sites

up this number through CMEs and mentorship as learnt from Phase 1. CHA/ CHP sensitisation will also take place in this phase

Together, these 18 counties account for account for 50% of the total TB burden and half of the country's population, positioning the program to deliver measurable impact at scale. The phased approach enables progressive capacity building, ensures quality is maintained as coverage expands, and allows for adaptive learning as the model is implemented across diverse geographical and epidemiological contexts. ■







Kenya's integrated lung health model gains global recognition

By Mbetera Felix - DTLD

Kenya's Integrated Program on Asthma, COPD and Tuberculosis (iPACT) is gaining international recognition as an innovative model for integrated respiratory healthcare, positioning the country among global leaders in lung health programming. Through integrated screening, digital innovation, and community-centered care, Kenya is demonstrating that comprehensive lung health services can be effectively delivered within existing TB systems while strengthening overall respiratory disease management.

At the 2025 Union World Conference on Lung Health, Kenya presented eight scientific abstracts showcasing innovations in AI-supported TB screening, GeneXpert optimization, targeted case finding, and integrated community-based respiratory disease detection. Seven abstracts were selected for oral presentation, highlighting Kenya's use of AI-enabled chest X-ray screening and integrated approaches in high-risk urban settings.

According to Davis Karambi, the recognition validates Kenya's integrated approach to lung health. "Kenya's experience through iPACT is demonstrating that integrated lung health services are not only achievable, but scalable and sustainable within routine healthcare systems," he said.

The growing international visibility is attracting technical partnerships and knowledge exchange opportunities, with Kenya now documenting lessons learned through a comprehensive Lung Health Integration Paper expected to guide other countries adopting integrated respiratory care models.

To sustain progress, the Ministry of Health assigned a lung health focal person within the National Tuberculosis, Leprosy and Lung Disease Program in 2024 to strengthen coordination, policy oversight, and technical leadership. Efforts are also underway to integrate



Photo -courtesy

Dr. Ibrae Umuro, DTLD and Davis Karambi, CHAI during The Union Conference, showcasing Kenya's progress and innovations in TB and lung health service delivery.



Photo -courtesy



Photo -courtesy

Lucy Irungu, Murang'a CTLC and Elizabeth Mueni, Nairobi CTLC, share their experiences implementing the iPACT Project during presentations at The Union Conference, highlighting lessons learned and the impact of integrated lung health services in their counties

As iPACT continues to expand, Kenya is emerging as a regional model for integrated respiratory healthcare.

lung health services into the Social Health Authority benefit package to improve financial protection and universal access to care.

Counties are increasingly mainstreaming lung health into annual plans and budgets, while community health systems and supply chains are being strengthened to support long-term sustainability. Kenya is also promoting multi-sectoral collaboration

to address broader determinants of lung health, including air quality, occupational exposure, and housing conditions.

As iPACT continues to expand, Kenya is emerging as a regional and international model for integrated respiratory healthcare, demonstrating how strong TB platforms can be leveraged to build sustainable, people-centered lung health systems. ■

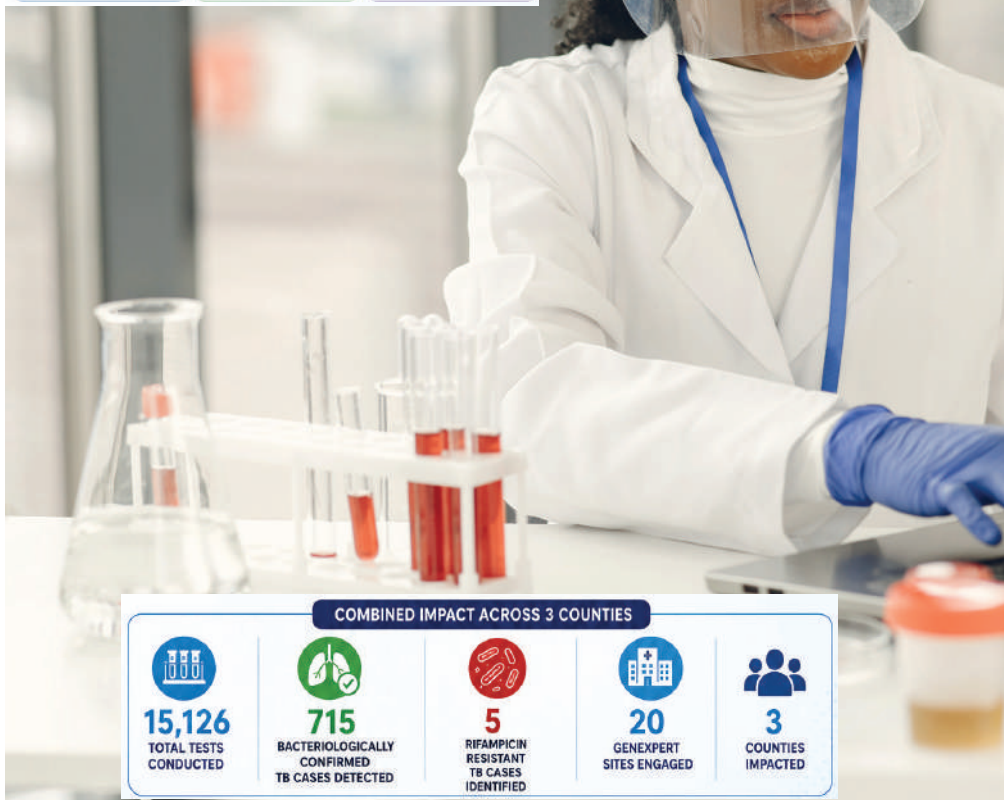
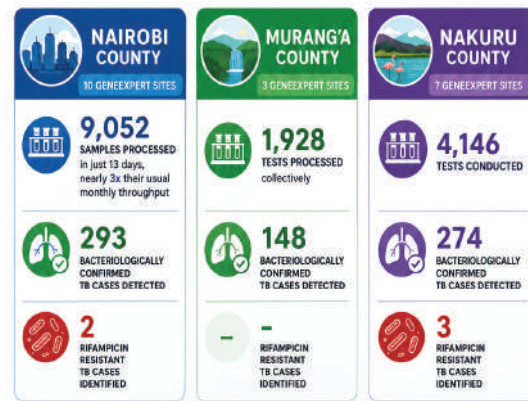
Rapid results initiative unlocks diagnostic capacity, prevents commodity waste

By Correspondent

When Nairobi, Nakuru, and Murang'a counties faced nearly 30,000 GeneXpert cartridges approaching expiry in October 2025, the National TB and Lung Health Program, in collaboration with county health teams and implementing partners including CHAI, CIHEB, and CHS, responded with a focused rapid results initiative that transformed an imminent crisis into measurable service delivery gains. Implemented between October 27 and November 9, 2025, the intervention combined intensified active case finding through targeted community outreaches and facility-based in-reach activities with coordinated sample referral to designated GeneXpert sites to balance workloads and reduce bottlenecks. Laboratory teams demonstrated exceptional commitment by extending operating hours beyond routine schedules and conducting testing on weekends to maximize cartridge utilization before expiry.

The results were significant: Nairobi's 10 participating GeneXpert sites processed 9,052 samples within just thirteen days, nearly three times their usual monthly throughout, detecting 293 bacteriologically confirmed TB cases including 2 rifampicin resistant cases, Murang'a county's three sites processed 1,928 tests collectively, detecting 148 bacteriologically confirmed TB cases, while Nakuru's seven sites conducted 4,146 tests, detecting 274 bacteriologically confirmed TB cases including 3 rifampicin resistant cases.

The initiative proved that diagnostic underutilization reflects gaps in screening intensity, sample identification, and referral coordination rather than limited GeneXpert capacity or insufficient patient need. When healthcare workers are supported to systematically screen and identify presumptive TB cases and when sample routing is optimized through



coordinated referral systems, Kenya's existing GeneXpert infrastructure can sustain significantly higher testing volumes than routine utilization suggests. The intervention accelerated case detection, improved diagnostic access for patients, and demonstrated that short term operational enhancements driven by strong coordination and commitment can yield lasting improvements in system performance. ■

Kenya's existing GeneXpert infrastructure can sustain significantly higher testing volumes than routine utilization suggests.

”

The Heartbeat of Health: Why Communities Remain Kenya’s Greatest Strength Against TB



Dr. Githinji Gitahi, Chief Executive Officer of Amref Health Africa, speaks during the Kenya Health Security Convention, emphasizing the critical role of Community Health Promoters and the importance of collaboration across all levels of the health system in achieving Universal Health Coverage and ending tuberculosis.

By Mbetera Felix - DTLD

As health leaders, scientists, policymakers, and development partners gathered during the recently concluded Kenya Health Security Convention, one message resonated powerfully across the discussions: strong health systems begin in communities.

Speaking during a panel discussion, the Chief Executive Officer of Amref Health Africa, Dr. Githinji Gitahi, reminded participants that achieving Universal Health Coverage is not the responsibility of one cadre alone. Every health worker, from specialists and clinicians to nurses and Community Health Promoters (CHPs), has a unique and indispensable role to play.

“Community Health Workers are not a replacement for skilled health professionals. Every cadre has a distinct role, and all must work together towards the shared goal of achieving Universal Health Coverage,” he noted.

“Community Health Workers are not a replacement for skilled health professionals. Every cadre has a distinct role, and all must work together towards the shared goal of achieving Universal Health Coverage”

*Dr. Githinji Gitahi
CEO, Amref Health Africa*

For Kenya’s fight against tuberculosis, those words could not have been more relevant. Every day, across villages, informal settlements, urban estates, and remote communities, thousands of Community Health Promoters quietly serve as the first line of defence against TB. Long before a patient reaches a health facility, it is often a CHP who notices the persistent cough, visits a household, encourages a family member to seek testing, or follows up

on a patient struggling to complete treatment. They are the bridge between health facilities and communities. Through support from the Global Fund, Amref Health Africa, as the non-state Principal Recipient for the TB grant, has worked closely with the National Tuberculosis Program to strengthen this community-centred approach across all 47 counties. By empowering Community Health Promoters, supporting household screening, reducing stigma, and integrating TB services into primary healthcare, the partnership is ensuring that no one is left behind in the fight against the disease.

The impact is often measured in numbers, but its true value is found in people’s lives. It is found in the mother who receives treatment early because a Community Health Promoter recognized the symptoms. It is found in the young man who overcomes fear and stigma to get tested. It is found in the family whose loved one completes treatment because someone continued to visit, encourage, and support them every step of the way.

These quiet acts of service rarely make headlines, yet they form the foundation of Kenya’s progress against TB.

As Kenya continues to strengthen its health security systems and pursue Universal Health Coverage, Dr. Gitahi’s message served as a timely reminder that lasting change happens when every part of the health system works together. Hospitals, laboratories, policymakers, development partners, and communities each have a role to play.

But at the centre of it all remains the community. Because while medicines cure TB, it is often communities that help people find hope, seek care, stay on treatment, and ultimately reclaim their lives. And in that journey, Community Health Promoters remain some of Kenya’s most important health champions. ■

Communities at the Centre: Strengthening accountability through community-led monitoring in Nakuru County

By Nakuru County

Communities are increasingly playing a vital role in shaping responsive and people-centred health services in Kenya. In line with this commitment, Nakuru County recently convened a sensitization forum bringing together the County Health Management Team, community networks, civil society organizations, and implementing partners to strengthen the implementation of Community-Led Monitoring (CLM).

Community-Led Monitoring is an evidence-based approach that empowers communities to identify service delivery gaps, generate data, engage decision-makers, and advocate for improvements in HIV, Tuberculosis (TB), and Malaria services. The model promotes accountability by ensuring that the experiences and voices of service users inform health planning and decision-making.

For the National Tuberculosis Program (NTP), CLM is a key strategy for advancing people-centred TB care. By capturing community perspectives and addressing barriers to access, the approach supports efforts to improve service quality, treatment outcomes, and progress towards ending TB.

The forum reviewed Nakuru County's implementation plan, which will engage eleven community networks working alongside county health teams and partners to monitor services, gather feedback, and track improvements. Participants were also taken through the CLM cycle, including stakeholder engagement, data collection, analysis, advocacy, solution generation, and monitoring of actions taken.



Photo -courtesy

Dr. Neimah Barasa, Nakuru County TB and Leprosy Coordinator guides discussions on strengthening Community-Led Monitoring, fostering collaboration between county health teams, community networks, civil society organizations, and implementing partners.

Supported by Amref Health Africa as a Global Fund Principal Recipient, CLM forms part of broader investments in community systems strengthening. The initiative seeks to improve access, quality, equity, and accountability across HIV, TB, and Malaria programs.

As Nakuru County advances this approach, it reinforces a simple but powerful principle: sustainable health outcomes are achieved when communities are not only beneficiaries of services but active partners in designing, monitoring, and improving them. ■

Community-Led Monitoring is an evidence-based approach that empowers communities to identify service delivery gaps, generate data, engage decision-makers, and advocate for improvements in HIV, Tuberculosis (TB), and Malaria services.

Vumbua Project demonstrated the future of integrated lung health care in Kenya

By Boaz Ouma - CHS Tamatisha TB

Kenya marked the successful closeout of the TB REACH Vumbua Project, an innovative initiative that transformed how respiratory illnesses were detected and managed at community and primary healthcare levels in Kiambu County. During the project closeout meeting held recently, lung health experts, county leaders, and implementing partners reflected on key lessons, achievements, and innovations that emerged from the initiative, while exploring opportunities for sustaining and scaling integrated lung health services across the country.

Implemented by Centre for Health Solutions Kenya in collaboration with the Ministry of Health's National Tuberculosis, Leprosy and Lung Disease Program and the Kiambu County Government, the Vumbua Project successfully demonstrated how TB screening could be integrated with asthma, Chronic Obstructive Pulmonary Disease (COPD), nutrition, and mental health services within routine healthcare delivery.

The closeout discussions highlighted how the project moved beyond disease-specific programming to a more holistic and people-centered model of care that strengthened primary healthcare systems, improved early diagnosis, and reduced missed opportunities for treatment and follow-up.

Since its launch under TB REACH Wave 11, the project reached more than 77,000 people in Thika and Limuru sub-counties. Through integrated screening and outreach activities, over 480 TB cases were identified and linked to treatment, alongside 323 asthma cases and 56 COPD cases that may otherwise have remained undiagnosed.

A major strength of the initiative was its strong community-centered approach. By empowering Community Health Promoters and deploying specialist teams equipped with technologies

such as spirometry, peak flow meters, point-of-care ultrasound, nebulizers, and supported CT scans, the project brought advanced lung health services closer to communities and strengthened referral pathways within primary healthcare systems.

According to Dr. Nicole Wamaitha, the project's success was driven by its direct impact at community level. "The unique thing about this project was its people-centered and direct community impact. We managed to build the capacity of healthcare workers, strengthen services, and improve case finding through community outreaches that helped close critical gaps in healthcare delivery," she noted.

The project also built on momentum generated during a high-level consultative meeting held last year with Mary Muthoni, where the integrated model was recognized as an

important step toward strengthening Primary Health Care and advancing Universal Health Coverage. During the engagement, the PS emphasized the importance of designing health services around people rather than diseases, noting that integrated approaches were essential in addressing the interconnected burden of TB, chronic lung diseases, nutrition, and mental health conditions.

Running from October 2024 to February 2026, the Vumbua Project concluded as a successful proof-of-concept for integrated lung health programming in Kenya. The lessons and evidence generated through the initiative are expected to inform future scale-up of integrated TB and lung health services, providing a practical blueprint for strengthening people-centered respiratory healthcare within routine health systems across the country. ■



Photo -courtesy

Dr. Nkirote Mugambi-Nyaboga giving remarks during the Vumbua TB Project closeout on meeting held on 24th April 2026 at Sawela Lodges, Naivasha, Nakuru County, marking the conclusion of the one-year Stop TB-funded initiative implemented in Kiambu County.

Kenya celebrates Dr. Jeremiah Chakaya Muhwa for global lung health honour



Photo - courtesy

A proud moment as Dr. Jeremiah Chakaya Muhwa receives The Union Medal, the highest honour awarded by The Union, recognizing his exceptional contributions to tuberculosis control and lung health worldwide.

By Mbetera Felix - DTLD

Kenya proudly celebrates Dr Jeremiah Chakaya Muhwa following his recognition with the prestigious Union Medal during the 2025 World Conference on Lung Health (#WCLH2025). The Union Medal is the highest honour awarded by the International Union Against Tuberculosis and Lung Disease (The Union), recognizing individuals who have demonstrated exceptional leadership, scientific excellence, and unwavering advocacy in the fight against tuberculosis and other lung diseases globally.

Dr Chakaya's recognition is a testament to decades of dedicated service in advancing tuberculosis control and lung health in Kenya, across Africa, and on the global stage. Through his visionary leadership, research

contributions, mentorship, and advocacy efforts, he has played a pivotal role in shaping policies and strengthening responses aimed at ending TB and improving respiratory health outcomes. Over the years, Dr Chakaya has remained a respected voice in global health, championing patient-centred care, innovation, and collaborative approaches to tackling TB and lung diseases. His work continues to inspire healthcare professionals, researchers, policymakers, and communities committed to building a healthier world. This honour not only celebrates Dr Chakaya's outstanding personal achievements but also highlights Kenya's growing contribution to global efforts in ending TB and advancing lung health. Congratulations, Dr Jeremiah Chakaya Muhwa, on this well-deserved global recognition. ■

The Union Medal is the highest honour awarded by the International Union Against Tuberculosis and Lung Disease (The Union), recognizing individuals who have demonstrated exceptional leadership, scientific excellence, and unwavering advocacy in the fight against tuberculosis and other lung diseases globally.

Busia County strengthens TB fight with KSh 22 Million equipment boost



Photo -courtesy

Busia Deputy Governor H.E. Arthur Odera during the handover of medical and ICT equipment worth KSh 22 million, highlighting the transformative role of AI-enabled digital X-ray technology in closing the county's TB detection gap.

By Busia County

Busia County has taken a bold step in closing its tuberculosis (TB) detection gap following the donation of medical and ICT equipment worth KSh 22 million from Dumisha Afya.

The equipment, officially handed over at Busia County Referral Hospital, includes an AI-enabled digital X-ray machine, Electronic Medical Records (EMR) systems, cervical cancer screening equipment and essential medical supplies. According to the county leaders, the investment represents renewed hope in the fight against TB, a disease that continues to silently affect hundreds of families across the county.

Busia has an annual TB case notification target of 4,200 patients. However, the highest number detected and treated in the last six years was 1,395 cases in 2025, leaving a significant detection gap. Health officials warn that many undiagnosed individuals may still be transmitting TB within communities.

TB-related mortality also remains a concern, with six out of every 100 TB patients dying annually, largely due to delayed diagnosis and treatment.

Speaking during the handover ceremony, Deputy Governor H.E. Arthur Odera, who also serves as the County Executive Committee Member for Health and Sanitation, emphasized that the digital X-ray machine is a game-changer for TB screening.

“This equipment will significantly strengthen our TB response. The digital X-ray machine is mobile, cost-effective, and does not require consumables. It allows us to screen more people, especially in remote areas, and detect TB earlier,” he said.

The AI-enabled digital X-ray system is expected to enhance early TB detection, particularly among high-risk groups such as people living with HIV, who face a higher burden of TB in Busia due to the county's high TB/HIV co-infection rates.

According to Dumisha Afya Chief of Party Dr. Evelyne Ashiono, early diagnosis remains the most powerful tool in reducing TB transmission and mortality.

“The digital X-ray is AI-enabled and can detect TB at an early stage, enabling timely treatment. Early detection saves lives and prevents further spread within the community,” she said.

The machine complements existing diagnostic tools such as GeneXpert, which are already in use across selected facilities but have been limited by infrastructure and capacity challenges.

Busia County TB Coordinator Mary Asiyong noted that expanding access to X-ray services across sub-counties will help reduce missed cases.

“Every sub-county now has at least an X-ray site. This will greatly improve early case detection and reduce delays in diagnosis,” she said. ■

“ The digital X-ray is AI-enabled and can detect TB at an early stage, enabling timely treatment. Early detection saves lives and prevents further spread within the community. ”

*Dr. Evelyne Ashiono
Dumisha Afya Chief of Party*

Kenya takes bold step in TB prevention with new shorter treatment regimens



By Mbetera Felix

The Ministry of Health, through the Division of Tuberculosis, Leprosy and Other Lung Diseases (DTLD), conducted sensitization trainings to prepare healthcare workers for the rollout of two new World Health Organization (WHO)-recommended Tuberculosis Preventive Treatment (TPT) regimens aimed at strengthening TB prevention in Kenya.

The trainings supported the introduction of a six-month daily levofloxacin regimen for contacts of multidrug-resistant TB (MDR-TB) and the three-month weekly isoniazid and rifampentine regimen (3HP) for children aged 0–14 years, scheduled for rollout in 2026.

According to Dr. Grace Kaluai, the new regimens marked an important milestone in making TB prevention shorter, safer, and more patient-friendly by reducing pill burden and treatment duration.

The initiative responded to existing gaps in TB prevention coverage, particularly among household contacts and children at risk of developing active TB disease. The sensitization sessions held in Nakuru and Machakos brought together national and county TB coordinators, pharmacists, HIV program leads, and health officers with support from the Clinton Health Access Initiative, Amref Health Africa, and Centre for Health Solutions Kenya. ■

Kenya strengthened TB diagnosis through LF-LAM and stool testing training

By Mbetera Felix - DTLD

The Ministry of Health, through the Division of Tuberculosis, Leprosy and Other Lung Diseases (DTLD), conducted nationwide trainings to strengthen tuberculosis (TB) diagnosis among children and people living with HIV using the new 3rd-generation LF-LAM test and stool testing approaches.

The capacity-building sessions targeted healthcare workers in high-burden facilities, including nurses, clinicians, medical officers, and laboratory personnel, equipping them with practical skills to improve early TB detection and patient management.

The LF-LAM test provided a rapid and simplified diagnostic option for people living with HIV, particularly those unable to produce sputum samples, while stool testing offered a non-invasive alternative for diagnosing TB in children.

According to Jeremiah Ogoro, the trainings strengthened frontline healthcare workers' ability to use innovative diagnostic tools and improve access to timely diagnosis for vulnerable populations.

The initiative, supported through the Global Fund Tuberculosis Grant (GC7), aimed to close persistent diagnostic gaps among children and immunocompromised patients while advancing Kenya's commitment to equitable, innovation-driven TB care and improved treatment outcomes. ■



Healthcare workers at Nanyuki Level 5 Hospital undergo training on TB Lipoarabinomannan (TB LF-LAM) testing, strengthening their capacity to diagnose tuberculosis among vulnerable populations,

Adelaide's quiet fight against TB in Vihiga



For nearly two decades, Adelaide Shikoli has served on the frontline of the fight against TB in Vihiga County. Through home visits, patient tracing, counselling, and treatment support, she continues to transform lives and strengthen community-based TB care.

By Mbetera Felix - DTLD

Every morning before sunrise in the hills of Vihiga, Adelaide Shikoli begins another day on the frontline of Kenya's fight against tuberculosis (TB). For the past 17 years, she has walked dusty village paths, tracing patients, counselling families, and ensuring that no one battling TB is left behind.

What began in 2007 with fear and uncertainty slowly became a lifelong mission. Today, Adelaide moves from home to home checking on patients, supporting those who have lost hope, and following up on individuals who stop treatment. "The doctors diagnose," she says, "but once a patient leaves the hospital, it's up to me to make sure they live."

One case remains unforgettable. After finding a young boy struggling alone with a severe cough at a hospital corridor, Adelaide helped him get tested and diagnosed with TB. When he later disappeared before starting

“When I see someone who was once too weak to stand walking again and smiling again, I feel alive... that is what keeps me going.”

Adelaide Shikoli, Vihiga

treatment, she searched for him tirelessly, eventually discovering that his entire family of nine was sick with TB and too weak to seek care. Through daily follow-up and community support, the whole family completed treatment and recovered.

Her work later led her into local chang'aa dens while tracing patients who had relapsed due to alcoholism

and stigma. During one visit, she identified two more TB patients who were eventually treated and cured. "TB doesn't only live in hospitals," Adelaide reflects. "It hides in homes, in silence, and in places many people ignore."

Beyond treatment support, Adelaide continues to fight stigma by educating families and working closely with local alcohol vendors to encourage treatment adherence among clients battling addiction. Despite challenges such as poverty, food insecurity, and fear of discrimination, she remains committed to serving her community.

"When I see someone who was once too weak to stand walking again and smiling again, I feel alive," she says. "That is what keeps me going."

For Adelaide, the fight against TB has never just been about medicine. It has been about restoring dignity, hope, and life — one household at a time. ■

Danston's second chance: A carpenter's triumph over TB

By Mbetera Felix - DTLD

When you meet Danston Achevero Ambai, his smile comes easily, the kind that reaches the eyes, the kind that has survived pain. Sitting outside his small home in Alombothe sub-location, the 63-year-old speaks in a voice softened by gratitude. "I was once sure I was dying," he says quietly. "But look at me now, I can walk, I can laugh again."

Danston used to be a carpenter, crafting furniture for neighbours in his community. But in 2021, his life came to a standstill. A stubborn cough refused to go away. His body ached, his appetite vanished, and even a sip of water made him vomit. "They told me it was ulcers," he recalls, shaking his head. "But I kept getting worse. I couldn't eat, couldn't work. I felt myself slipping."

Then the doctors went on strike, and weeks turned into months of confusion and pain. When the hospitals reopened, he made his way to Mbale Health Facility, weak but determined. There, after several tests, sputum, blood, and urine, the truth finally came out: he had tuberculosis.

"I didn't even know much about TB then," he admits. "But when the doctor told me, I thought maybe this was the end."

It wasn't.

A Community Health Promoter (CHP) was assigned to him, a woman who became his lifeline. "She used to walk a long distance just to bring me medicine at home," he says. "Sometimes she'd arrive tired, but she never missed a day. She'd check on me, encourage me, tell me to take my drugs and stop drinking."

He did.

At the time, Danston was too weak to lift a hammer, and his wife, a market vendor selling groceries and chicken,

“Don't take TB lightly. Don't wait until you can't walk like I did. Go to the hospital early, follow the doctor's instructions, and finish your medicine. You will live.”

Danston Achevero Ambai

became the family's sole provider. "She was my strength," he says with emotion. "When I couldn't move, she fed me. When I couldn't talk, she prayed for me."

The disease had left the family broken, no income, no food, and no certainty. "We lived on the kindness of neighbours who'd bring us mangoes and oranges," he remembers. "I was helpless."

But slowly, hope returned. The free TB drugs began to work, and so did his faith. "Before that, I had spent so much money on painkillers," he says. "When the doctors told me the TB drugs were free, I said to myself, 'God must have spoken to them.'"

Within months, he regained his appetite. His strength returned. He could climb the stairs again, something he hadn't done in almost a year. "There's joy in my home now," he says with a smile that fills the room.

Danston's battle, however, was not just against the disease but against stigma. "People kept away from me," he recalls. "Even those I used to drink with stopped talking to me. They were afraid."

He understands their fear but wants to change it. "TB is airborne, yes, but it is curable," he insists. "Once you start your medicine and take it properly, you can live a normal life. We should not isolate people; we should help them heal."



TB survivor Danston Achevero Ambai at his home in Vihiga County. After overcoming a life-threatening battle with TB, he has regained his health, rebuilt his livelihood, and become a champion for early testing and treatment.

He's now become an ambassador in his own quiet way, urging neighbours to get tested whenever they have a cough, to avoid self-medicating, and to seek care early. "I tell them, testing is free. Treatment is free. You just need to be brave enough to go."

He's also thankful for the government support, through Amref Health Africa, he received, a monthly Ksh. 9,000 stipend sent via M-Pesa that helped him buy food to stay strong during treatment. "It may not sound like much," he says, "but it saved me. I used it for fruits, porridge, and whatever my wife could cook."

Today, he's slowly preparing to return to carpentry, though he takes things at his own pace. "I don't rush anymore," he says thoughtfully. "I've learned that health is the only real wealth."

His message to others is clear and heartfelt:

"Don't take TB lightly. Don't wait until you can't walk like I did. Go to the hospital early, follow the doctor's instructions, and finish your medicine. You will live."

And to the doctors and health workers who walked with him through his darkest hours, he has only gratitude. "They saved my life," he says simply. "They called to check on me even on weekends. They treated me like family." ■

The heart of hope: Gladys' journey with a TB survivor



Vihiga County TB and Leprosy Coordinator Evelyn Oloo and Community Health Promoter Gladys Muhonja engage with TB survivor Wilson Oyem Mahugiat at his home, reflecting on the community support and care that contributed to his recovery.

By Mbetera Felix - DTLTD

When Gladys Muhonja first met Wilson, he was weak, withdrawn, and struggling to survive. The once energetic carpenter from Vihiga could barely sit upright as persistent coughing and weight loss had drained both his strength and hope. His small workshop had closed, his tools lay abandoned, and the burden of providing for his family weighed heavily on him.

For Gladys, a cough monitor and link assistant attached to Mbale Specialist health center and Mungoma hospital, such encounters are part of her daily mission in the fight against tuberculosis (TB). Yet Wilson's story left a lasting impression on her.

"He hardly spoke when I first visited him," Gladys recalls. "But his wife looked relieved when I explained that I would walk with them throughout the treatment journey."

As part of Directly Observed Therapy (DOT), Gladys visited Wilson daily to ensure he took his medication

correctly and consistently. For six months, she walked long distances along rough village paths, often through heavy rain or scorching heat, carrying medicines, patient records, and words of encouragement.

Despite the challenges, she never missed a visit.

"Wilson remained committed to treatment," she says. "His wife supported him fully, even preparing porridge every morning to help him take the medication."

“TB is curable. Do not hide, fear, or delay seeking treatment. Early diagnosis and proper treatment can save lives. I have seen people recover and regain hope.”

Gladys Muhonja, Vihiga

Beyond the illness, TB had disrupted the family's livelihood. Wilson's carpentry business had stalled completely, leaving the household without income. A government stipend of KSh 9,000 provided temporary relief, helping the family meet basic needs and maintain proper nutrition during treatment.

Gladys also worked closely with the family to reduce fear and stigma surrounding TB. She educated them on how the disease spreads, the importance of screening, and preventive therapy for household members.

"Many families isolate TB patients because of fear," she explains. "But Wilson's family stood by him. That support played a major role in his recovery."

For Gladys, the work is deeply personal. Years ago, she lost a relative to TB despite treatment. The experience strengthened her resolve to ensure other families do not endure the same pain.

"That loss gave me purpose," she says quietly. "Every patient I help recover feels like a way of honoring the person we lost."

Today, Wilson has regained his health and returned to his carpentry workshop. The sound of hammers and sawing wood once again fills the compound that had fallen silent during his illness.

"When I see him working again, healthy and smiling, I feel proud," Gladys says. "It reminds me why community health workers are so important in the fight against TB."

Across Vihiga, Gladys has become a familiar and trusted figure, known for her dedication, compassion, and unwavering commitment to supporting patients through recovery.

Her message to communities is simple but powerful:

"TB is curable. Do not hide, fear, or delay seeking treatment. Early diagnosis and proper treatment can save lives. I have seen people recover and regain hope." ■

The Face Behind the Fight: How Evelyn Oloo Battles TB in Vihiga

By John Gitau - DTLD

In a small room tucked inside the Vihiga County Referral Hospital, the air hums with quiet determination. Sitting across the table, her white coat slightly creased from a long morning of patient reviews, Evelyn Oloo speaks with the calm authority of someone who has seen both triumph and heartbreak.

“My name is Evelyn,” she says simply. “I’m a clinical officer, and the TB coordinator for Vihiga Sub-County.”

For nearly two years a SCTLC and over 10 years experience in TB case diagnosis management and follow up, Evelyn has been at the frontline of Kenya’s fight against tuberculosis, a disease that, though curable, continues to claim lives in silence. Her work is not glamorous; it’s gritty, emotionally draining, and at times painfully personal. But it’s also full of small victories that remind her why she chose this path.

Her mandate, she explains, sounds simple on paper: ensure that every TB patient in the sub-county receives quality treatment. In reality, it means juggling mentorship, data, and human lives. “We train health workers to screen everyone who walks into a facility,” she says. “If we find a positive case, we trace their contacts, test them, and start those who qualify on

preventive therapy.”

Last year alone, Evelyn and her team managed 391 TB cases in Vihiga, 207 of them bacteriologically confirmed. The numbers are just statistics to many, but to Evelyn, each figure represents a face, a story, a battle.

One of those stories belongs to Winston and his wife.

“Winston came to us after months of treating himself with over-the-counter drugs,” Evelyn recalls. “When we tested him, he was positive for TB. We went to his home to screen his contacts and found that his wife was also infected. They were both very open, very committed to treatment. Six months later, both were cured.”

She pauses for a moment, a faint smile breaking across her face. “That’s the kind

“The problem is delay — people come late, or they don’t complete treatment. But with the right support, we can change that.”

of outcome that keeps me going.”

But the work is far from easy.

Alcoholism, stigma, and poverty stand in

the way of progress. Many patients come late, already too weak to start treatment. “It’s painful,” Evelyn admits softly. “Sometimes you call a patient to come for treatment, and by the next day, you learn they’ve died. Others begin medication but disappear after two months once they start feeling better.”

In those moments, the fight against TB feels less like a medical mission and more like a struggle for empathy. Evelyn and her colleagues have learned to adapt — partnering with community health promoters, support groups, and even local alcohol vendors to keep patients on medication. “The vendors are influential,” she says. “Sometimes, we give them a few days’ worth of drugs to help our patients take them right there at the den. It’s unconventional, but it works.”

Still, there are structural challenges that no amount of creativity can fix. Vihiga County, she notes, lacks an isolation ward for infectious patients. “We’re forced to admit very sick, highly infectious TB patients in general wards. It’s risky — for them and for others,” she says. “If we had even one proper isolation center, we’d save more lives.”

Despite it all, Evelyn remains hopeful. She believes in the power of early screening, community education, and support for both patients and healthcare workers. “TB is curable,” she insists. “The problem is delay, people come late, or they don’t complete treatment. But with the right support, we can change that.”

Her day usually ends the same way it begins, with a quiet round through the TB clinic, checking on patients, answering calls, and updating case files. Outside her office, the sun dips behind the lush hills of Vihiga, casting long shadows over the hospital compound.

When asked what keeps her going, she doesn’t hesitate.

“Every time I see a patient walk out cured,” she says, “it feels like a small miracle, and that’s enough reason to wake up and fight again tomorrow.” ■



Evelyn Oloo, Vihiga County TB and Leprosy Coordinator, mentors a Community Health Promoter during a contact tracing visit, helping strengthen community efforts to find and prevent TB.

The man who beat TB twice: Wilson’s story of faith, love, and second chances



Wilson Oyem Mahugi, a TB survivor from Vihiga County, shares his story of resilience and recovery, encouraging others to seek early diagnosis and complete treatment because TB is curable.

By Mbetera Felix - DTL

When Wilson Oyem Mahugi first felt the sharp sting in his chest and the heavy ache in his knees, he thought age was finally catching up with him. After all, he had spent more than thirty years in hotel kitchens, rising from a waiter in Nairobi’s bustling streets to a seasoned food specialist. His days were long, his nights were often shorter, and like many men of his generation, a glass of chang’aa had become his quiet companion at the end of a hard day.

But something wasn’t right. His legs swelled, his breathing grew heavy, and no amount of painkillers could chase away the fatigue that now shadowed his every step. “I thought it was arthritis,” Wilson recalls. “My knees were on fire, my chest was tight, and I would cough every night. I started buying drugs over the counter, anything that promised relief.”

Nothing worked.

“ I didn’t pay a single cent for the treatment... Everything was free. That’s why I keep telling people: there’s no reason to hide. TB is curable. ”

It was his wife, gentle but firm, who finally intervened. “She told me, ‘Enough of self-medication. We’re going to the hospital.’” Wilson remembers the day vividly, the journey from Nairobi back home to Vihiga County, where the air was cooler and the doctors kinder.

At the Vihiga County Referral Hospital, tests confirmed what he had long feared but never imagined: tuberculosis. “When the doctor told me, I just sat quietly,” he says. “But when he explained that it was curable, I felt a weight lift off my shoulders.”

For Wilson, treatment was a revelation. Within just three days, he began to feel stronger. “I could walk again,” he says, a smile spreading across his face. “I made a strict timetable for my medication, every morning, same time. I followed every instruction.”

But TB, as Wilson would soon learn, doesn’t just attack the body; it tests the soul and the bonds that hold families together.

As he neared the end of his medication, his wife fell ill. Her chest began to ache. The diagnosis was grim, she too had contracted TB. “That was hard,” Wilson says quietly. “I had just started to recover, and now she was sick.”

Tests confirmed that Wilson had infected his wife, despite his efforts to isolate himself in a small house within the compound. “We didn’t know that just talking to each other in the sitting room was enough to spread it,” he says regretfully.

The couple began a new journey together, two patients under one roof, united by love, fear, and faith. “The doctors were very kind,” Wilson recalls. “Some of them even came to our home. They checked our space and encouraged us to keep going. They told us that if we stayed faithful to treatment, we would heal.”

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And they did.

Today, Wilson speaks of TB not with shame, but with gratitude, gratitude for the doctors who never gave up, for the free treatment provided by the Ministry of Health, and for his wife, who stood by him when his body felt too heavy for hope.

"I didn't pay a single cent for the treatment," he says. "Everything was free. That's why I keep telling people: there's no reason to hide. TB is curable."

But Wilson worries that too many still suffer in silence. "Some people think it's witchcraft," he says. "Others run to herbalists or prayer vigils and end up infecting others. We need more awareness, in churches, in chamas, in matangas, everywhere."

He has seen what denial can do, and it breaks his heart. "If I go to a night vigil coughing, and the doors and windows are closed, how many will I infect?" he asks softly. "People must understand that this disease spreads easily, but it can be stopped."

Today, Wilson's life is quieter. He's semi-retired now, taking up short contracts when he feels strong enough. He still walks past the old bar where he once drowned his pain but doesn't go in. "Those days are behind me," he says. "Now I drink porridge, not chang'aa."

When he talks about the health workers who stood with him, his eyes glisten. "They are my friends," he says with pride. "They gave me another chance at life."

And to those still struggling with treatment or tempted to give up, his message is simple: "Don't stop. Listen to your doctors. TB is not a death sentence. It's a test, one that you can pass if you have faith and discipline."

As he walks out of the clinic where he once lay coughing and weak, Wilson's gait is steady. He turns back for a moment, his voice firm yet tender:

"God healed me. The doctors helped me. And now, I just want people to know, TB is curable. Don't wait until it's too late." ■

Back on My Feet: Veronica Wanjiru's Journey from TB Struggle to Strength



Photo - courtesy

Veronica Wanjiru at her home, celebrating a new chapter of health and hope after successfully overcoming tuberculosis.

By Alfred Itunga- CHS Tamatisha

Just over a year ago, Veronica Wanjiru could barely complete a chore. Today, she moves around her home with energy and joy, caring for her children and managing her household. While she's still searching for work, the 29-year-old is full of gratitude.

"I'm just happy to be back on my feet again. I stayed strong for my kids, and I'm finally feeling like myself," says Veronica.

A former waitress, Veronica first dismissed her symptoms persistent coughing, chest pain, and fatigue thinking they were just signs of a bad flu. She went to a chemist for over-the-counter medication, but nothing worked. Then came drastic weight loss, painful joints, and coughing blood.

Her cousin urged her to get tested for TB. At the hospital, her weight had dropped from 60kg to just 49kg. A TB test confirmed her worst fear: she was positive.

"I couldn't believe it. I had so many questions. Even though I tested negative for HIV, people still judged me. The stigma was real," she recalls.

Veronica's turning point came when she was enrolled in care under the Tamatisha TB Project, a CHS-led initiative aimed at finding, treating, and supporting TB patients across Kenya. Tamatisha connected her with trained health workers who provided not just free TB medication but emotional support, information, and follow-ups that made all the difference.

"When I shared how tired I was or the side effects I felt, they didn't dismiss me. They listened, explained, and encouraged me to keep going," she says.

Her entire family was also screened for TB and while they tested negative, they were given preventive treatment to protect them. This holistic approach eased her fears and strengthened her resolve. After completing her treatment, Veronica was officially declared TB-free. Her weight is now 64kg — even more than before she got sick and her energy is back.

"Tamatisha saved me. If I didn't get tested early and start treatment, I don't know what would've happened. Now, my whole family understands that TB is treatable, and no one should be ashamed of it." ■

Couple's Journey with Drug-Resistant Tuberculosis (DR-TB)

By Alfred Itunga- CHS Tamatisha

For Ms. Faith Wanjoki and her spouse, a healthy client–health worker relationship was key to accessing timely tuberculosis (TB) diagnosis and treatment.

While it was relatively easy for Ms. Wanjoki to access healthcare services, the same could not be said for her spouse, who, due to poor health-seeking behavior, was initially unwilling to get tested.

Ms. Wanjoki explains that her husband was the first to start feeling unwell and weak. However, her efforts to persuade him to visit a health facility were futile. A couple of months later, she also began experiencing similar symptoms, including chest pains, night sweats, and fatigue.

"I visited a nearby private pharmacy and was placed on different drugs, but my symptoms only persisted," says Ms. Wanjoki. She had made several other visits to the pharmacy, each time being placed on drugs without her health improving. She finally decided to visit a nearby public health facility. After multiple tests, she was diagnosed with the airborne disease. Ms. Wanjoki had immediately been placed on drugs; however, her husband's health kept deteriorating.

"It took the intervention of one of the hospital nurses to have my husband tested for TB, his results also came out positive," says Ms. Wanjoki.

She adds, "There have been many rumors that TB patients are HIV-positive. My husband and I went for an HIV test, and both of our results came back negative," she says.

The middle-aged woman says that her husband, who is an alcoholic, was advised to stop drinking while on medication.

The couple's three children were also screened and later placed on drugs to prevent transmission of the infection.



Photo -courtesy

TB survivors Faith Wanjoki shares a moment at home after completing treatment for drug-resistant TB, a testament to resilience, hope, and the power of quality healthcare.

“My message to everyone is that TB is preventable and treatable, do not let the myths and misconceptions bar you from accessing health services on time.”

Ms. Faith Wanjoki

"Despite being placed on drugs, my condition and that of my husband only worsened," says Ms. Wanjoki, who explained they were taken through fresh tests revealing they both had drug-resistant TB. They had yet again been placed on a new line of medication.

Instead of going to the hospital, the couple's doctor would visit every morning at 9 am to administer their daily drugs.

The couple also expressed that the infection and drugs rendered them unable to take part in their daily economic activity, farming.

"We received a major reprieve when our health worker informed us that we would each receive KSh 9,000 per month, which would help cover our daily expenses, including food," says Ms. Wanjoki.

The couple also says their extended families remained supportive and would check up on them, helping with household chores and food.

"My message to everyone is that TB is preventable and treatable, do not let the myths and misconceptions bar you from accessing health services on time," she concluded. ■

How I navigated TB while pregnant

By Alfred Itunga- CHS Tamatisha

Faith Karimi realized she had conceived a couple of weeks after being placed on TB medication.

She says the news came with a lot of confusion, as the new mother doubted whether she could carry the unborn baby to term. She recalls breaking the news to her doctor during a routine medical check-up. During this period, her main concern was whether the baby would survive.

Karimi reveals that the doctors' assurance that the unborn baby was well and that there was no cause for alarm came as a major reprieve.

"Prior to the hospital visit, I had made up my mind to discontinue my medication. However, the doctor's

Some of the challenges I faced included frequent hospital admissions and constant vomiting; at times, I was forced to survive on water. I am, however, glad that I decided to take my medication as prescribed.

Faith Karimi

reassurance played a major role in ensuring I adhered to the treatment," she says.

Karimi's journey with TB began in July 2024. It started with a persistent cough and chest pain.

She recalls seeking treatment at several healthcare facilities within her locality, but the cough persisted. She later visited Embu General Hospital, where, after reviewing her medical history, a health worker recommended a sputum test. To her surprise, the results came back positive.

"I was placed on TB medication, which I took religiously for two months, but my condition only worsened," she says.

Karimi was once again taken through medical tests, which revealed that she had drug-resistant TB. Her medication was immediately changed. Her family members, who had also tested negative for the infectious disease, were placed on preventive medication.

The mother of two, however, stopped taking her medication when she began feeling slightly better.

"Discontinuing my medication exposed me to severe effects of TB," says Karimi, who later returned to the facility to resume her treatment.

A couple of weeks later, she discovered that she was pregnant. Her decision to adhere to the medication, she says, was partly motivated by her desire to give birth to a healthy baby.

"Some of the challenges I faced included frequent hospital admissions and constant vomiting; at times, I was forced to survive on water. I am, however, glad that I decided to take my medication as prescribed," says Karimi, who has since given birth to a healthy baby.

The doctors, she says, also encouraged her throughout her recovery journey by sharing success stories of TB survivors. Karimi completed her medication in April this year and has been declared free of TB. However, she has cautioned members of the public against opting for over-the-counter drugs when sick and instead encouraged them to seek specialized care.

"Treat your health as a priority and also listen to doctors' advice if you want to bounce back to good health," she said. ■



Photo -courtesy

TB survivor Faith Karimi, celebrating a journey marked by courage, resilience, and the successful completion of treatment for drug-resistant tuberculosis.



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