The USAID funded Tuberculosis Accelerated Response and Care (TB ARC) activity supported the NTLD-Program to officially launch its National Strategic Plan (NSP) 2015 - 2018 at a colourful ceremony held on March 19, 2015 in Nairobi.

The launch took place before the commemoration of the 2015 World Tuberculosis Day (WTBD) which is celebrated annually on March 24. Messages around Kenya's 2015 WTBD slogan “Is that cough TB? Get tested! Get cured!” reverberated throughout the event.

Over 300 guests including TB/HIV implementers, policy makers, civil society partners and government officials from across the country attended the event and witnessed the launch of the three year strategic plan that seeks to render Kenya free of TB and Leprosy as well as reduce the burden of lung diseases.

Key guests at the event included US Ambassador to Kenya Robert Godec, Director of Medical Services Dr Nicholas Muraguri, World Health Organisation (WHO) Representative to Kenya Dr Custodia Mandlhate, Head of the NTLD Program Dr Enos Masini, and CHS Chief Executive Officer, Dr Paul Wekesa.

Speaking on behalf of the Cabinet Secretary Ministry of Health, Director of Medical Services Dr Nicholas Muraguri, said, “The NSP has been birthed through a consultative country-wide process therefore, this document represents the best thinking from all of us and from all our stakeholders.”
Word from the TB ARC Chief of Party, Dr Brenda Mungai

Let us celebrate the unsung heroes and heroines in TB control. These are community health volunteers, frontline facility health workers, sub County and County Coordinators whose efforts to care for and support TB patients are enormous.  

The story of Naomi Wanjiru, a nurse from Engineer District Hospital, shared by the US Ambassador to Kenya at the launch of the 2015-2018 National Strategic Plan for the control of TB, leprosy and other lung diseases, reminds us all of the personal sacrifices that frontline health care workers make to ensure patients are well cared for and supported.

Naomi’s story is one of a personal battle with TB in the line of duty. We celebrate her and the millions of health care workers across the globe. (Read full story on the website http://www.chskenya.org/media_centre/my-battle-against-tb-nurse-naomi-wanjiru-story)

The launch of the National Strategic Plan for the control of TB, leprosy and other lung diseases held on March 19, 2015 was supported by the Tuberculosis Accelerated Response and Care (TB ARC) activity.

The Director of Medical Services at the Ministry of Health Dr Nicholas Muruguri, senior government and donor officials, and a wide range of stakeholders including representatives of county governments, and implementing partners were present.

“I can’t cough TB. Get tested. Get cured!” was the call at this year’s World TB day commemoration event held on March 24, 2015 in Siaya County to create public awareness about TB nationally. Alongside other partners, TB ARC supported the NTLD-Program in planning for the day where approximately 500 people were in attendance.

While TB causes significant morbidity and mortality among people living with HIV, Isoniazid has been proven to reduce the burden of TB among this vulnerable group.

During the World TB day event in Siaya, the national launch of Isoniazid Preventive Therapy (IPT) was held. Through the NTLD-Program and NASCOP, the country will ensure that all eligible HIV positive patients receive IPT. Various stakeholders have been instrumental in this process and through USAID support, TB ARC continues to support the national roll out.

In the lead up to World TB Day, the TB ARC activity conducted a school based Communication and Advocacy intervention in Homabay, Nairobi, Kisumu, Mombasa, and Siaya counties leading to increased engagement by students, their teachers, parents and the County TB and Leprosy Coordinators.

The context aimed at raising awareness of TB in schools by increasing engagement with teachers and clinicians on matters relating to TB and lung health. After mobilization, the CTLCs provided students with entry forms to write creative and innovative essays on ‘How I will fight TB’. The most creative and innovative student strategies were awarded prizes.

During the quarter, a bi-annual performance review was held with approximately 250 participants. Among the attendees were County TB and Leprosy coordinators, Lab coordinators, Pharmacists, National level staff and TB/HIV partners. It was a fruitful forum with deliberations under the theme of sustaining the gains in devolved governments.

The NTLD-Program’s online presence through the website, Facebook and Twitter profiles was enhanced in the quarter. This can be attributed to the work of a Communications Officer seconded to support the communication efforts of the NTLD-Program. We look forward to TB becoming a trending topic to increase more public awareness as we celebrate our unsung heroes and heroines!
I am happy to observe that this strategic plan is aligned to the Kenya Health Sector Strategic and Investment Plan (KHISP) 2013-2017 and the global post 2015 plan. We expect that this strategic plan will sustain the gains made during the last strategic period and accelerate the reduction of Tuberculosis, Leprosy and Lung Diseases through the provision of people-centred, universally accessible, acceptable and affordable quality services throughout our health facilities,” he added.

Also speaking at the launch, US Ambassador Robert Godec said, “The US Government has been a long-time partner of the Kenyan government in the fight against TB as part of an effort to ensure Kenyans are healthier and able to contribute to their country’s development.

“Over the past five years, we have supported the implementation of the Ministry of Health’s previous strategic plan, which ended in 2015. I am happy to report that among the achievements for that period, the staff of 1,860 laboratories were trained to better diagnose TB, and over 2,000 health care workers trained to diagnose TB earlier and start patients on life-saving anti-TB medicines,” he said.

“Today’s event marks a milestone in Kenya’s response to these three diseases and particularly TB which has been a big burden for Kenya and the entire world. The US government worked closely with the government of Kenya to develop this document and will continue to stand beside you to implement this strategic plan,” he added.

In his speech, the Head of the NTLD-Program, Dr Enos Masini further said that the program was cognisant of the fact that Kenya is currently failing to identify close to 20,000 TB cases annually.

“I therefore urge all of us, individually and at community level, to intensify efforts in active case finding, treating and curing all TB cases among the Kenyan population as we accelerate the progress towards zero TB deaths, infections, suffering and stigma,” he said.

At the event, the NTLD-Program and the National AIDS and STI Control Program (NASCOP) officially launched the National Isoniazid Preventive Therapy (IPT) plan and unveiled the National IPT Standard Operating Procedures (SOPs) that will guide health care workers to provide IPT for eligible clients across the country.

Explaining how IPT works, Dr Christine Wambugu, NTLD-Program TB/HIV Advisor said, “IPT is the treatment of latent (silent) TB infection to prevent progression to TB disease using isoniazid. IPT is given to people who do not have any symptoms of active TB disease and is given for six months, once in a lifetime to significantly reduce the risk of acquiring active TB.

The NTLD-Program recommends that IPT be given to vulnerable populations like People Living with HIV (PLWHIV) and children under the age of five who have been exposed to TB, prisoners and health care workers. This reduces the risk of them developing active TB,” she added.

The World TB Day was originally created in 1982 to celebrate the 100-year anniversary since German scientist, Dr Robert Koch presented his findings on the discovery of the tuberculosis bacilli and to raise awareness on TB. Today, World TB Day is commemorated to coalesce global efforts to find, treat and cure TB and accelerate progress towards zero TB deaths, infections, suffering and stigma.
KAPTLD and KANCO Win Public Private Mix Award for TB Control

The Kenya Association for the Prevention of Tuberculosis and Lung Diseases (KAPTLD) won the award to implement the formal component of the Public Private Mix (PPM) approach while the Kenya AIDS NGOs Consortium (KANCO) was awarded the informal component of the same grant within the USAID funded TB ARC activity.

The award followed an active call for proposals in December 2014 where interested applicants were invited to propose how they would engage both Formal, private health care providers (FP) and Non-formal, private health care providers (N-FP) in TB management.

Private providers are first points of care for many patients in developing countries while people in urban areas and of rich wealth quintile are more likely to consult formal private health care providers.

On the other hand, informal providers in developing countries are important points of care pre and post-diagnosis for the poor, as they are convenient, affordable and culturally sensitive. However, these informal providers are often unregistered, unregulated, poorly trained or not trained at all and hence not updated on treatment and service provision guidelines.

To address these concerns, KAPTLD will be required to engage formal health care providers such as private for profit or self financing hospitals, corporate health services, individual private for profit health care providers (solo providers), retail pharmacies, chemists and drug shops to sustain the gains of PPM and scale up to more formal providers, ensure quality assurance of PPM activities, support the coordination of PPM at national and county levels and encourage innovation in engagement of formal providers.

KANCO will be required to engage informal private health care providers such as herbalists, traditional healers, traditional birth attendants, village doctors, unregistered chemists, and drug sellers to identify informal providers, streamline TB engagement among informal providers and scale up innovative models to reduce the burden on TB.

This is in line with the NTLD-Program's strategic goal to scale up the number and diversity of private sectors engaged in quality TB management. The STOP TB Strategy further calls for the engagement of all relevant health care providers in TB care and control through Public – Private Mix (PPM) approach. This move is also aligned to TB ARC's intermediate result area three that seeks to provide technical assistance for the local adoption and scale up of globally proven interventions.

Speaking on the award, Dr Brenda Mungai, TB ARC Chief of Party explained, “We know that about 20,000 patients are currently undiagnosed and untreated for TB across the country. Statistics show that both the formal and informal private health providers provide about 50% of all health care to Kenyans where a potential number of TB clients could be seeking care.”

With support from USAID, TB ARC will support this component targeting both sectors to bridge the gap to the unreached and ensure appropriate treatment.

TB ARC Laboratory Technical Officer Sheila Chebore, attended a practical laboratory training course on Growth Detection and Identification of the Mycobacterium Tuberculosis from January 19- 30, 2015 at the National Health Laboratory Service in Johannesburg, South Africa.

The training, which was organized by the African Centre for Integrated Laboratory Training (ACILT), brought together 11 participants from South Africa, Kenya, Ethiopia, Botswana, Rwanda and Guyana to gain new skills in Mycobacterium Tuberculosis culture/identification and Drug Susceptibility Testing (DST).

During the training, participants were introduced to novel methods of identifying the M. Tuberculosis complex as well as isolating the M. tuberculosis on solid and broth-based media.

The participants were also trained on how to appropriately use the biological safety cabinet, how to safely handle contaminated liquids and spills and how to prepare reagents and media for growth detection among others.

Speaking of her experience at the training, Ms Chebore said, “Recent WHO guidelines recommend that countries with high TB burden establish liquid culture laboratories to improve TB diagnosis in HIV-infected patients.”

“This course was essential because it helped me learn the best practices in culture and DST thus equipping me with skills to adequately support the National Tuberculosis Reference Laboratory (NTRL) that is currently performing culture and DST tests in Kenya,” she added.

CDC and PEPFAR support ACILT to provide for a healthier Africa through quality laboratory practices to combat major infectious diseases.

ACILT does this by providing hands-on training courses on critical lab diagnostics for front-line laboratory staff, program managers, strategic planners, and policy makers responding to Africa’s rapidly growing demand for a well-trained, competent, and motivated laboratory workforce.
Including TB in Primary and Secondary School Curriculum

The media plays a key role in disseminating information that empowers and informs citizens. Almost all Kenyan homes have at least one school-going member. Population estimates indicate that school going persons comprise nearly 25% of the Kenyan population with primary and secondary comprising about 7 Million and 1 Million school-children respectively. This means that the educational platform represents a potent and useful platform to engage the wider community on a range of issues.

PATH held a sensitization meeting on Wednesday, April 22, 2015, at the Kenya Institute of Curriculum Development (KICD) to initiate discussions on improving the depth and expant of TB, leprosy, and lung disease content in the curricula of primary and secondary schools, as well as teacher’s training colleges. This meeting was convened by PATH, in collaboration with the NTLD-Program and with funding support from USAID under the TB ARC activity.

The meeting was attended by 126 staff from various departments of KICD. It was facilitated by Dr. Immaculate Anne Kathure, CARE Section Head and Pediatric TB Coordinator, NTLD-Program. A question-and-answer session shed light on the need to have more TB awareness, especially in schools. Students were recognized as particularly vulnerable to TB, owing to crowding.

Participants took part in an exercise in which they used a Mythometer, a tool that PATH had developed to challenge and debunk myths and misconceptions about TB transmission, diagnosis, prevention, and treatment. At the end of the session, the curriculum developers had gathered more information on perceptions about TB. The prior attitude of participants showed that a significant amount of stigma was associated with TB. In contrast, TB knowledge was minimal before the session, and a posttest showed that there was still some level of misunderstanding after the session. The results of the posttest indicated that there is need for increased TB awareness among the participants and the general population. This is the rationale behind the inclusion of TB in school curricula.

Enhancing TB content in school curricula will allow for greater interaction and learning between teachers, health promoters, and students, who will in turn pass on TB information to the masses, including information on health, passed on better habits to the masses, including information on health.

School Essay Contest Award Ceremonies

In the lead up to the 2015 World TB Day celebrated on March 24, PATH and the NTLD-Program through the USAID funded TB ARC activity, conceptualized a school engagement activity targeting students. The schools essay contest invited students 10-15 years, from schools in five high burden Counties to write a 300-350 word creative essay on ‘How I Will Fight TB.’

Nearly 4,000 entries from across Homabay, Mombasa, Kisumu, Nairobi and Siaya counties were received. After a detailed analysis of all the entries by County and Sub-County TB, Leprosy Coordinators (CTLCs & SCTLCs) and TB ARC staff at PATH, winners were selected and announced to their respective counties. Awarding ceremonies were planned and conducted on separate dates through the month of June 2015, across all the participating counties.

The winning schools from each county were presented with a desktop computer, textbooks and storybooks worth Kshs. 35,000. Runners up and second runner ups were each presented with textbooks and storybooks worth Kshs. 25,000 and 15,000 respectively.

Population estimates indicate that school going persons comprise nearly 25% of the Kenyan population with primary and secondary comprising about 7 Million and 1 Million school-children respectively.
Dr Maurice Maina, USAID, with Dr Irene Mukui, NASCOP and CHS CEO Dr Paul Wekesa during the World TB Day commemoration event in Siaya.

Dr Maurice Maina, USAID with US Ambassador to Kenya Robert Godec during the NSP launch.

Dr Lorraine Mugambi-Nyaboga, CHS with Dr Christine Wambugu, NTLD-Program and Dr Shobah Vakil from NASCOP at the NSP Launch in Nairobi.

Dr Martin Sirengo, NASCOP with Dr Enos Masini NTLD-P, Dr Brenda Mungai, TB ARC CoP (seated) with Dr Maureen Kamene and Faith Ngari from NTLD-Program (standing).

Dr Enos Masini, Head of the NTLD Program with Mama Sarah Obama during the 2015 Word TB Day Commemoration in Siaya.

Siaya County Deputy Governor, Hon Onyango Ouma, with Dr Jackson Kioko, Head of Department of Preventive and Promotive Health Services, MoH at the launch of the National IPT Rollout plan during the 2015 Word TB Day Commemoration event in Siaya.

Dr Maurice Maita, USAID with Dr Irene Muki, NASCOP and CHS CEO Dr Paul Wekesa during the World TB Day commemoration event in Siaya.
A delegation from the USAID-funded TB ARC and the NTLD-Program visited Embu County on January 15, 2015 to discuss possible areas of collaboration between the County government and the NTLD-Program in light of the newly devolved system of governance in Kenya.

The delegation consisted of the Head of the NTLD-Program Dr Enos Masini, TB ARC Chief of Party, Dr Brenda Mungai, TB ARC Financial Management Specialist Wanjiru Githieya, TB ARC Contracts and Grants Officer, Joseph Ruiru, and Embu CTLC, Joseph Njinju. The team met with Chief Officer of Health, Ms Peris Nyaga and County Health Management Specialist Wanjiru Thuku.

During the meeting, Embu CTLC, Joseph Njinju, gave a brief overview of the TB burden in the county where he reported that according to the latest national data, Embu had recorded a high TB case notification rate of 258 cases per 100,000 people, which was higher than the national average of 217 people per 100,000 people. He further reported that the county had reported 1,433 cases of TB in 2013 of which 15.6% were children, 86.5% from the public sector, 11.2% from the private and 2.3% from prisons.

Njinju however reported that the county had recorded a treatment success rate of 91%, which is higher than the national average, and that the national and county governments needed to continue working together to maintain the high treatment success rates in the county.

In his presentation to the Embu County team, Dr Masini highlighted how the NTLD-Program and its partners had supported Embu County in its TB Control and Care activities. Dr Masini highlighted financial support for supervision payments, quarterly data review meetings, communication support (data bundles), trainings and transport (fuel).

Dr Masini however encouraged the Embu County government to start thinking of sustainability measures so that the county can also actively support TB Care and control activities in absence of donor support. He further encouraged the county government to explore possible areas of collaboration with the national government to ensure that the county keeps reporting good indicators in TB care and control. One of the areas for immediate collaboration is cost sharing of vehicle maintenance costs for the vehicles used for TB control activities within the County.

Responding to the presentations, County Chief Officer of Health Peris Nyaga, acknowledged the support the county had received from the NTLD Program and its partners. Ms Nyaga acknowledged the request and assured the audience that the county would be pleased to be part of efforts to control TB activities as requested.

“As a start, we will make plans to support the maintenance of Government vehicles assigned to TB control and care within our county as we explore other avenues of sustainable collaboration with the national government,” Ms Nyaga said.

Speaking on the significance of the meeting and next steps, TB ARC Chief of Party Dr Brenda Mungai said, “This was a constructive initial meeting and a progressive step to ensure sustainable collaboration between national and county governments in terms of TB Care and Control. In the coming year, we plan to have more of such meetings with all the counties in Kenya as we continue to fight tuberculosis in Kenya’s devolved system of governance.”

NTLD Program and TB ARC Discuss Sustainability with Embu County

Kenya is among five African countries receiving technical assistance from the TBXpert Project, whose overall aim is to increase the rapid detection of TB, HIV-associated TB and rifampicin-resistant TB in vulnerable populations in target countries. The WHO Global TB Programme and Stop TB Partnership manage the project, with complementary funding (at some sites) from the TB REACH initiative, and with procurement by the Global Drug Facility (GDF).

Following the roll out of this project, a mission was held between April 7 and April 10 with objectives to appraise the roll-out of Xpert MTB/RIF in Kenya, determine the consistency with the country’s implementation strategy, interact with the NTLD-PNTRL and implementing partners, and advise on the way forward.

The TBXpert Project in Kenya provided 11 four-module GeneXpert equipment in 2013, and will further provide up to a total of 73,000 cartridges until the end of 2015. So far, 18 sites including Garissa, Tharaka Nithi, Busia, Makuani among others, are receiving support from the project. Given the fact that the country is now transitioning into a phase of wider scale-up of GeneXpert use, several areas were seen as priorities that should be addressed in order to ensure effective and high-quality implementation. These areas include:

- Increase utilization of machines: Underutilization of GeneXpert in Kenya is common, with much fewer than 8-12 tests being performed per day. Xpert is not always used as the initial test for PLHIV therefore, it is important to ensure strong sensitization of clinicians to the new algorithm, particularly with regard to use of Xpert for people living with HIV.
- Improve performance indicator monitoring so as to identify underperforming facilities
- Identify failing modules (high or increasing number of errors) and identify cartridge problems (eg, unsatisfactory storage conditions), and consequently allow for troubleshooting to improve quality
- Strengthen use of electronic reporting to enable routine sending of results. Despite having an advanced LIMS/GXAlert system that allows for rapid transfer of GeneXpert results to clinicians by SMS and coordinators by email, not all sites routinely send their results
- Disseminate updated specimen examination request forms to make it possible for results to be sent back rapidly since the updated forms capture more information
- Improve routine maintenance, strengthen supervision and ensure appropriate power solutions allowing for continuation of testing for up to two hours in case of power cuts since power interruptions result in wasted specimens and cartridges, and clinicians loss of confidence in Xpert.

With support from USAID, TB ARC is supporting the rollout of GeneXpert technology across the country.
During this quarter, the Nyanza/Western Region was privileged to host this year’s National World TB day commemoration on March 24, 2015 in Siaya County under the theme “It that Cough TB’ Got Tested. Got Cured. As part of the pre-World TB Day activities, a significant amount of resources from TB ARC and other partners were invested in creating awareness to reach the many undetected cases within the region.

During the same occasion, NTLD-Program and NASCOP collaborated to launch the national IPT program for People Living with HIV (PLWHIV). TB ARC provided both technical and logistical support to ensure a seamless and successful event.

During this quarter, we further sensitized county teams and regional partners to create functional MDR TB County teams in order to promote the Programmatic Management of Drug Resistant TB (PMDT) and address the social determinants of health in the region. The MDR-TB county teams will be expected to take a key role in MDR management in the counties and specifically help map MDR TB clients in the counties, draw budgets and SCMLTs) and partners in the region. The data review meetings have helped us to continuously monitor the key performance indicators in the region and has also helped us make timely decisions in the fight against TB in the region.

This has had a tremendous impact on our clients’ lives who are now getting quality care as their treatment is carefully monitored and followed-up in the region. Through this support, we have further realized improved performance in counties such as Homa Bay, which despite its high HIV prevalence rate recorded an improved treatment success rate of 91% up from 87% during the last quarter.

This quarter has also seen us collaborate with our regional partners to participate in County Genexpert Taskforces and TB/HIV TWG meetings that aimed to evaluate and sensitise health care workers on Genexpert technology and IPT. The county Genexpert were especially constituted to ensure optimal utilization of Genexpert machines to ensure timely diagnosis of TB as well as streamlined sputum sample networking to Genexpert laboratories.

The TB-ARC activity has also continued to support MDR lab investigations at the Lancet Pathologist Laboratories at no cost with good turn-around times, which has helped us to streamline logistical support and monitor treatment for DR Clients. This has led to improved access to diagnostic health services especially by the less fortunate clients within the Nyanza/Western Region.

In Taita Taveta County, Governor John Mrutu, led the County in commemorating the 2015 World TB Day where he allocated Kshs 10 million for the purchase of TB drugs this year.

To be more specific, the Kwale County government supported intensified TB case finding in its Matuga, Lunga Lunga, Kinango and Msambweni sub-counties, which resulted in the diagnosis of five patients and plenty of public awareness through local media channels.

In Mombasa County, the Department of Health has also intensified TB case finding and has further seen about 30 of its health care workers attend training on Paediatric TB Management, which aimed to boost their capacity in diagnosing children with symptoms suggestive of TB.

To scale up performance and ensure data quality in the region, we continued to support the quarterly TB data review meetings where we offered both technical and logistic support to TB coordinators (CTLCs, SCTLCs, CMULTs) and partners in the region. The data review meetings have helped us to continuously monitor the key performance indicators in the region and has also helped us make timely decisions in the fight against TB in the region.

This has had a tremendous impact on our clients’ lives who are now getting quality care as their treatment is carefully monitored and followed-up in the region. Through this support, we have further realized improved performance in counties such as Homa Bay, which despite its high HIV prevalence rate recorded an improved treatment success rate of 91% up from 87% during the last quarter.

This quarter has also seen us collaborate with our regional partners to participate in County Genexpert Taskforces and TB/HIV TWG meetings that aimed to evaluate and sensitise health care workers on Genexpert technology and IPT. The county Genexpert were especially constituted to ensure optimal utilization of Genexpert machines to ensure timely diagnosis of TB as well as streamlined sputum sample networking to Genexpert laboratories.

Moving forward, we plan to continue working synergistically with our APHIAPlus partners, the Ministry of Health (MoH), County Governments and other implementing partners to conquer TB in the Nyanza/Western Region.

The TB-ARC activity has also continued to support MDR lab investigations at the Lancet Pathologist Laboratories at no cost with good turn-around times, which has helped us to streamline logistical support and monitor treatment for DR Clients. This has led to improved access to diagnostic health services especially by the less fortunate clients within the Nyanza/Western Region.

In Taita Taveta County, Governor John Mrutu, led the County in commemorating the 2015 World TB Day where he allocated Kshs 10 million for the purchase of TB drugs this year.

To be more specific, the Kwale County government supported intensified TB case finding in its Matuga, Lunga Lunga, Kinango and Msambweni sub-counties, which resulted in the diagnosis of five patients and plenty of public awareness through local media channels.

In Mombasa County, the Department of Health has also intensified TB case finding and has further seen about 30 of its health care workers attend training on Paediatric TB Management, which aimed to boost their capacity in diagnosing children with symptoms suggestive of TB.

This quarter has also seen us collaborate with our regional partners to participate in County Genexpert Taskforces and TB/HIV TWG meetings that aimed to evaluate and sensitise health care workers on Genexpert Technology and IPT.

The training, which was partly supported by TB ARC, aimed to improve early diagnosis of paediatric patients as well as quality of care and eventually reduce the number of children dying from TB in Kenya.

In the hard to reach Tana River County, we worked with county officials to provide joint technical assistance in the county facilities that were far to reach due to the rough terrain and poor infrastructure in the county. This technical assistance is essential and needs to be strengthened because Tana River County has previously reported poor results mostly due to challenges around migrant populations and inadequate TB diagnostic services as reported during the last half annual review meeting at Maanzoni earlier this year.

In terms of GeneXpert utilization, the Malindi team, which formed a GeneXpert taskforce last year, initiated a Rapid Result Initiative (RRI) which yielded 275 samples in the month of March from 50 samples submitted during the previous month. In the same vein, Lamu County improved their GeneXpert utilization during this quarter although it is still way below the 65% recommended level.

For the next quarter, we plan to accelerate TB/HIV collaboration by ensuring joint Technical Assistance with our APHIAPlus partners as well as fast track IPT implementation through sensitization meetings and Technical Working Group (TWG) meetings.

We further plan to hold at least 10 MDR TB monthly clinical review meetings to improve the quality of Drug Resistant (DR) TB management in the region. We further intend to work with our APHIAPlus partners in the region to conduct Paediatric CMELs in all the sub counties as well as introduce a supervision checklist to be used by all CTLCs to improve our indicators for quarter two and three of 2014.

With these plans in place, we look forward to working with our partners to ensure a successful year in TB Control and Care.
Collaboration and partnership remained a priority in the implementation of TB ARC activities in the Eastern North Region during this quarter. In order to strengthen core TB activities in the region, we continued to support County Government staff through focused support supervision visits to selected high volume facilities in Isiolo and Meru Counties. These visits specifically aimed to improve TB case finding, mentorship of health workers and monitoring and evaluation of TB care given to patients in these counties.

TB ARC also participated in the County quarterly TB data review and validation meetings as well as annual national performance review meetings in the various counties within Eastern North. During these meetings, TB ARC in collaboration with the NTLD-Program discussed each county’s technical performance and thereafter collaboratively developed action points to enhance the quality of TB services in the region.

The quarter also reported a great improvement in the region’s key performance indicators. Isiolo County for example notified 124 TB patients, while Marsabit County notified 154 patients. Meru County, on the other hand, had the highest case finding in the region with 894 patients notified during this quarter. In terms of cure rates, Isiolo County attained a cure rate of 93%, while Marsabit County and Meru County achieved 90% and 83% cure rates respectively.

In terms of treatment success, Isiolo and Marsabit Counties reported a Treatment Success Rate (TSR) of 96% for Pulmonary TB (PTB) positive clients while Meru reported a treatment success rate of 88%. In terms of mortality, Isiolo and Marsabit Counties reported a mortality rate of 5%, while Marsabit County reported a mortality rate of 2%.

To strengthen the Programmatic Management of Drug Resistant TB (PMDT), we continued to work closely with the County TB and County Lab coordinators to ensure scale up of MDR surveillance among the county populations. This was done through targeted sensitizations on GeneXpert technology, done in collaboration with local implementing partners, APHIA Plus KAMILI and APHIAPlus IMARISHA. Formation of County GeneXpert taskforces as well as County PMDT teams was achieved in the quarter.

In addition, we extended collaboration with NTLD-Program through participating in a joint monitoring mission by the Green Light Committee (GLC) which aimed at reviewing the PMDT in Kenya and particularly assess implementation of GLC approved programs as well as evaluate its current achievements.

With regard to TB/HIV collaborative activities and following the national TB/HIV partners meeting in Nairobi, we worked closely with APHIAPlus KAMILI to conduct the first TB/HIV stakeholder’s forum in Meru County. This resulted in the formation of a regional TB/HIV technical working group that is mandated to strengthen the smooth implementation of TB/HIV collaborative activities in the County.

As we head to the next quarter, our priorities will be focused on collaboration with County coordinators and implementing partners in the formation of County PMDT taskforces particularly for Marsabit and Isiolo Counties. Focus will also be on the formation and strengthening of County and Sub-County PMDT clinical teams and continuing scale-up of diagnostics specifically in the utilization of GeneXpert technology. We also hope to work closely with County teams in the area of Operations research as well.

We sincerely acknowledge the generous support and partnership received from CHMTs members and Implementing partners with the hope that these partnerships will contribute to the reduction of the TB burden in the region and the country as a whole.
I was very inspired when I was in a matatu the other day and saw the TB stickers on the windows. The only problem was that it was cold and everyone had the windows shut!” – James Sekento, Infection Prevention Control Officer, NTLD-Program

TB in Kenya disproportionately affects populations living in densely congregated settings such as prisons and slums, people living with HIV, nomadic communities, migrant workers, transport workers and commuters. Modest estimates indicate that approximately 20,000 matatus and buses ply the Nairobi city routes ferrying a huge number of residents to and from work every single day. Nairobi county is the highest TB burden county in Kenya with a Case Notification Rate (CNR) of 387/100,000 compared to the National CNR of 201/100,000 cases (2014 data).

As part of TB control advocacy within the TB ARC activity, PATH printed 1,300 PSV stickers in English and Kiswahili that promote a TB risk free environment in public transport. The PSV stickers promote messaging that encourages open ventilation in public transport and are to be displayed in over 500 PSV vehicle plying Nairobi city routes.

TB-ARC staff from PATH set out for an outreach to sensitise public transport workers and commuters on TB. The team proceeded to affix stickers inside buses and matatus with messages urging the general public to open windows so as to reduce the risk of infection that is normally associated with congested and poorly ventilated places.

To kick start the exercise that hopes to see a maximum of 1,300 TB stickers affixed on matatus and buses, 200 stickers were distributed in approximately 35 buses and 25 matatus that ply route number 8 on Thursday, July 23, 2015. This route serves the densely populated and biggest slum in Kenya, Kibera.

“I was very inspired when I was in a matatu the other day and saw the TB stickers on the windows. The only problem was that it was cold and everyone had the windows shut!” – James Sekento, Infection Prevention Control Officer, NTLD-Program.

A similar distribution exercise is planned for 4 other key routes in Nairobi. Through the TB ARC activity, PATH is working with the Nairobi County CTLC and other implementing partners to engage PSV drivers and conductors on an on-going basis through outreaches on importance of ventilation in PSV vehicles to reduce risk of TB transmission.

‘Fungua Dirisha’ TB Stickers in Matatus and Buses

As part of TB control advocacy within the TB ARC activity, PATH printed 1,300 PSV stickers in English and Kiswahili that promote a TB risk free environment in public transport. The PSV stickers promote messaging that encourages open ventilation in public transport and are to be displayed in over 500 PSV vehicle plying Nairobi city routes.

TB-ARC staff from PATH set out for an outreach to sensitise public transport workers and commuters on TB. The team proceeded to affix stickers inside buses and matatus with messages urging the general public to open windows so as to reduce the risk of infection that is normally associated with congested and poorly ventilated places.

To kick start the exercise that hopes to see a maximum of 1,300 TB stickers affixed on matatus and buses, 200 stickers were distributed in approximately 35 buses and 25 matatus that ply route number 8 on Thursday, July 23, 2015. This route serves the densely populated and biggest slum in Kenya, Kibera.

“I was very inspired when I was in a matatu the other day and saw the TB stickers on the windows. The only problem was that it was cold and everyone had the windows shut!” – James Sekento, Infection Prevention Control Officer, NTLD-Program.

A similar distribution exercise is planned for 4 other key routes in Nairobi. Through the TB ARC activity, PATH is working with the Nairobi County CTLC and other implementing partners to engage PSV drivers and conductors on an on-going basis through outreaches on importance of ventilation in PSV vehicles to reduce risk of TB transmission.

PEPFAR funded TB/HIV Implementing Partners Meet

The CHS led TB ARC activity once again hosted the quarterly meeting between the NTLD-Program and PEPFAR funded TB/HIV implementing partners on March 5, 2015.

The meeting, which took place at the Jumuia Conference Centre in Nairobi, was attended by 47 Public and Private TB/HIV implementing partners who discussed TB/HIV support progress and collaboration with the NTLD-Program.

During the meeting, Deputy Head of the NTLD-Program Dr Kamene Kimenyie gave a detailed presentation where she exhaustively outlined the major updates and future plans from the NTLD-Program.

Some of the key updates from the NTLD-Program included the 2015 World TB Day and the National IPT Roll activity. Dr Kimenyie further highlighted the challenges in GeneXpert utilisation due to lab networking that has led to the loss of up to 30% of smear positive cases within the laboratories.

There were further presentations from Dr Shobal Vakhil of NASCOP who highlighted NASCOP’s progress in combating the TB/HIV co-epidemic while Dr Paul Wekesa of CHS urged participants to have discussions with the NTLD-Program and NASCOP to ensure quality care for TB/HIV co-infected clients.

At the close of the meeting, there were rich discussions around access to the TIBU platform as well as how to make sure all TB/HIV co-infected patients are initiated on anti-retroviral therapy (ART).

One of the most important outcomes of the meeting was the commitment by partners to support the formation of TB/HIV forums as well as GeneXpert TWGs in their respective regions.

One of the most important outcomes of the meeting was the commitment by partners to support the formation of TB/HIV forums as well as GeneXpert TWGs in their respective regions.

PATH/TB ARC Advocacy Officer, Joan Wamineja sticks TB stickers in a Kibera route 8 Kenya Bus Service (KBS) PSV alongside the bus conductor. Photo: PATH

Dr Herman Wewa from CDC Kenya discusses TB/HIV data with participants
**TB ARC Supports NTLD Program Performance Review Meeting**

The USAID funded TB ARC activity supported the NTLD-Program to host the Bi-Annual Performance Review Meeting from February 23 -27 at the Maanzoni Lodge in Machakos.

The meeting, which was held under the theme Sustaining the Gains in TB Control in the Devolved System brought together CTLCs, County Medical Laboratory Coordinators (CMLTs) and County Pharmacists from across the country to review the performance of the NTLD-Program for the past one year with a view of identifying gaps and enhancing quality.

During the meeting, all the CTLCs, CMLTs and County Pharmacists had an opportunity to present their 2014 data for peer review as well as discuss best practices and challenges experienced in their respective counties.

The meeting also had a number of presentations from Dr Enos Masini (NTLD-Program) who welcomed the participants, outlined the objectives of the meeting and shared the strategic vision of the NTLD-Program going forward. Dr Brenda Mungai (TB ARC) responded to the above.

Other key presentations at the meeting were from Dr Maurice Maiga from USAID, Dr Kevin Cain from CDC, Dr Edward Karithi from PATH/TB ARC, Joseph Bett from the Walter Reed Project, Dr Grace Gitonga from KAPTLD, Ben Ulo from AMREF and Dr Herman Wayanga from CDC.

One of the significant events of the meeting was the official launch of the GeneXpert online reporting system popularly known as GxAlert. The launch which was supported by the Clinton Health Access Initiative (CHAI) and TB ARC aimed to sensitize the participants on the availability of the online reporting system and particularly highlight how the GxAlert system works and its key role in improving TB diagnosis and care.

“The launch was an important milestone in the roll out and implementation of the GeneXpert technology,” TB ARC Laboratory Technical Officer, Sheila Chibure said.

“Those clinicians are able to get the results within a 2 hours via SMSs and emails hence prompting immediate management of patients. The data generated from this system can also be used to inform the NTLD Program presumptive MDR TB Cases and to quantify and forecast all the commodities,” she added.

The NTLD-Program hosted two Global Drug Facility (GDF) consultants, Dr Salama Mwatawala and Prof Angelica Salamoe to assess the support by the GDF in Kenya, a critical initiative of the Stop TB Partnership that aims to ensure uninterrupted access of high-quality anti-TB drugs by national TB control programmes.

Dr Mwatawala and Prof Salamoe, who were in the country between February 9 -13, 2015, paid a courtesy call to Dr Nicholas Murugi, the Director of Medical Services, and assured him of GDF’s support in providing high quality anti-TB Drugs in Kenya.

While in the country, the two consultants further visited two Kenya Medical Supplies Authority (KEMSA) warehouses as well as several pharmaceutical companies and health facilities to assess the availability and quality of TB medicines in the country.

Commenting on the significance of the visit, Dr Richard Muthoka, NTLD-Program Pharmacist said, “The important role played by the STOP TB partnership through GDF/UNOPS cannot be over emphasized. This support has provided the much-needed technical assistance to Kenya and ensured uninterrupted supply of high quality, safe and efficacious medicines to Kenya since 2006.”

“The support by GDF has provided the much needed technical assistance and ensured uninterrupted supply of high quality, safe and efficacious medicines to Kenya since 2006.” Dr. Richard Muthoka, NTLD-Program Pharmacist.
TB ARC supports GLC Mission Visit to Kenya

The USAID funded TB ARC activity facilitated an expert advisory group from Green Light Committee (GLC) to visit Kenya and review the programmatic management of Drug Resistant TB in the country.

The GLC is a new global framework supported by WHO and the STOP TB Partnership to scale up technical and financial support to achieve a world free of drug-resistant TB.

The GLC combats multidrug-resistant tuberculosis by improving access to affordable second-line drugs with a goal of achieving universal access to prevention, early diagnosis and effective patient-centred treatment for drug resistant TB by 2015.

To achieve this goal, GLC sends an annual monitoring mission to countries with MDR TB programs with a mandate to provide technical assistance and guidance on both programmatic and clinical areas as per the GLC approved treatment programs.

The mission visit to Kenya, which took place from March 16 to 23, 2015 aimed to assess the implementation of GLC approved programs as well as evaluate current achievements. The mission further aimed to assess need and readiness for expansion, assess the drug procurement and supply management chains, collect data on patients on treatment as well as their specific regimens and identify need for additional support and technical assistance.

The Kenyan Mission team consisted of Dr Wilfred Nkhoma, WHO AFRO focal point for Drug Resistant TB Control, and TB Team Leader for East and Southern Africa and Dr Saidi Ewagga, WHO PMDT Consultant, as well as Duncan Barkebo TB ARC Regional Coordinator – Eastern North, Dorothy Mibei, NTLD-Program Epidemiologist, Eunice Matu NTLD-Monitoring and Evaluation Program Officer.

During the visit, the team further evaluated case findings and treatment strategies, anti TB medicine procurement and supply chain management, treatment outcomes for patients enrolled on DR TB Treatment, coordination between the NTLD-Program and reference labs, infection control activities, information and data management systems as well as expansion requirements and plans.

Speaking about the visit, TB ARC Regional Officer, Eastern North, Duncan Barkebo said, “It was a great experience. The GLC mission team not only monitored the Kenya program but also built the capacity of teams caring for DR-TB patients through sharing invaluable knowledge and experiences. As a Regional Officer, this knowledge has helped inform my support to county teams.”

The mission visit further assessed the implementation of GLC approved programs as well as evaluate current achievements. The mission further assessed need and readiness for expansion, assess the drug procurement and supply management chains, collect data on patients on treatment as well as their specific regimens and identify need for additional support and technical assistance.

The mission visit to Kenya, which took place from March 16 to 23, 2015 aimed to assess the implementation of GLC approved programs as well as evaluate current achievements. The mission further assessed need and readiness for expansion, assess the drug procurement and supply management chains, collect data on patients on treatment as well as their specific regimens and identify need for additional support and technical assistance.

The Kenyan Mission team consisted of Dr Wilfred Nkhoma, WHO AFRO focal point for Drug Resistant TB Control, and TB Team Leader for East and Southern Africa and Dr Saidi Ewagga, WHO PMDT Consultant, as well as Duncan Barkebo TB ARC Regional Coordinator – Eastern North, Dorothy Mibei, NTLD-Program Epidemiologist, Eunice Matu NTLD-Monitoring and Evaluation Program Officer.

During the visit, the team further evaluated case findings and treatment strategies, anti TB medicine procurement and supply chain management, treatment outcomes for patients enrolled on DR TB Treatment, coordination between the NTLD-Program and reference labs, infection control activities, information and data management systems as well as expansion requirements and plans.

Speaking about the visit, TB ARC Regional Officer, Eastern North, Duncan Barkebo said, “It was a great experience. The GLC mission team not only monitored the Kenya program but also built the capacity of teams caring for DR-TB patients through sharing invaluable knowledge and experiences. As a Regional Officer, this knowledge has helped inform my support to county teams.”