2016 World TB Day Commemorations

On March 24, 2016, the USAID funded Tuberculosis Accelerated Response and Care (TBARC) activity joined the Ministry of Health and other TB control partners in commemorating World Tuberculosis (TB) Day at a Stakeholders’ breakfast in Nairobi.

Political leaders, health professionals, development partners, county government representatives, students and media alike were in attendance to show their commitment and support towards eliminating TB in Kenya.

This year’s commemoration marked the launch of the national ‘MulikaTB!MalizaTB!’ campaign, through a symbolic flag off of 10 torches from Uhuru Park to 10 high TB burden counties. Respective county health departments and health management teams received these torches and their presence in the counties aimed to enhance the screening, diagnosis and treatment of TB.

Various speakers who took to the stage during the National commemoration event shared and celebrated gains made in the country towards TB control, and also renewed their commitment towards uniting to end TB, a resounding call picked from the global theme.

In his speech, the Chief Guest, Permanent Secretary at the Ministry of Health, Dr Nicholas Muraguri, recounted that, “Over the last 10 years, a total of 1.2 million Kenyans have been diagnosed with TB and one million TB patients treated successfully, averting an estimated half a million TB deaths.

Moreover, free TB services are accessible to Kenyans across 4,500 health facilities and 1,800 testing sites,” he said.

Kenya has already achieved universal access for HIV testing among TB patients and access to antiretroviral therapy (ART) for those with HIV and TB, in line with WHO recommendations on implementation of collaborative TB/HIV activities.

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Word from Dr Brenda Mungai, TB ARC Chief of Party

The year 2016 indeed started off on a high note. On the global scene, the World Health Organisation (WHO) recommended the use of a standardised shorter nine to twelve months regimen for the treatment of multi-drug resistant TB (MDR TB). This is good news for TB patients and TB programs worldwide; Kenya is currently in discussions on how to implement this.

This year, the implementation of the 2030 sustainable development agenda aimed at transforming the world begun. The 17 goals and 169 targets demonstrate the scale and ambition of the agenda. “The Sustainable Development Goals must finish the job that the Millennium Development Goals started, and leave no one behind (UNDP).” SDG three (good health and well being) aims at ensuring healthy lives and promote well-being for all at all ages. One of the Goal 3 agenda indicators addresses infectious diseases: “By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.” To achieve the SDGs an integrated approach and partnership is key.

On the local scene, the National TB, Leprosy and Lung Disease Program (NTLD-Program) as well as its partners among them the Tuberculosis Accelerated Response and Care (TB ARC) activity

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continued to demonstrate the need to foster good partnerships to achieve the vision of rendering Kenya free of TB and Leprosy. Joint planning for the year July 2016 to June 2017 was done in April, bringing together the NTLD-Program and its partners to review the current work plan and ensure a consolidated plan for the coming year.

The NTLD-Program and its partners also planned and commemorated World TB Day on March 24 with the slogan “Mulika TB, Maliza TB.” During the breakfast meeting, Principal Secretary for Health Dr Nicholas Muraguri issued a policy directive to use GeneXpert technology as the first test for presumptive TB patients in hospitals with GeneXpert machines. The GeneXpert test is a more accurate and rapid test compared to microscopy and indeed Kenya is taking a right step in combating the epidemic. Currently, 129 machines are available in the public sector. TB ARC through USAID and Global Fund continues to support the utilisation of GeneXpert technology with the first national review meeting with super users conducted in June.

In Kenya, there are 10 high burden counties contributing approximately 50% of the TB cases notified. A strategic meeting of county chief officers of health, directors and TB and Leprosy coordinators supported by the Global Fund was hosted at the NTLD-Program offices. TB ARC participated and supported the development of county profile briefs for the meeting. The deliberations were fruitful and counties pledged to do more in TB control. We look forward to more engagements in the year as focus on these counties with high TB burden continues.

Paediatric TB has taken a centre stage in 2016 as Kenya prepares to roll out new paediatric formulations to boost the management of TB in children. Paediatricians are important in the management of childhood TB and this year, they have been engaged more in TB control. During the Pan African Thoracic Society (PATS) conference, NTLD-Program’s Dr Immaculate Kathure was passionately louder than TB on behalf of the children. TB ARC supported a symposium at the Kenya Paediatric Association (KPA) conference that brought together speakers to sensitise the paediatricians on matters TB. In addition, Nairobi, Kisumu and Mombasa counties were supported to hold sensitisations on paediatric TB for paediatricians. Hospital based skills trainings on management of childhood TB as well as sample collection techniques were conducted in Nairobi.

Drug Resistant TB management is key in TB control and post Drug resistant survey planning was conducted. The Green Light Committee (GLC) mission to Kenya commended the NTLD-Program for the good work in this area. The team visited various facilities and were happy to attend a DR TB clinical review meeting in Murang’a. TB ARC also continued support for the prevalence survey, with a team of consultants supported to undertake the midterm review of the prevalence survey in January.

Albert Pike said, “What we have done for ourselves alone dies with us; what we have done for others and the world remains and is immortal.” Naomi Wanjiru, the Kochon award winner embodies this as she touched a child’s life by visiting and supporting her. See the full story of how Ndulu, a child we had featured in a previous edition, benefitted from this act of kindness. Naomi, we appreciate you.

As we embark on the second half of the year, completion of the prevalence survey, active case finding at facilities, paediatric TB management, GeneXpert testing and scale-up of Isoniazid Preventive Therapy are priorities for TB programming. TB ARC also looks forward to support project ECHO, an innovative knowledge transfer solution from New Mexico that will be spearheaded by the NTLD-Program’s Dr Maureen Kamene. This is an exciting new frontier that we are happy to collaborate on.

Have a happy mid-year as we continue fostering great partnerships and work together to reduce the burden of TB in Kenya!

On a sad note, I would like to pay tribute to Murimi Kariithi who was a guest speaker during last year’s biannual review meeting. He gave us words of wisdom on leadership and management and was a true change agent. May he rest in peace.
Kenya is leading the way in adopting and using innovative approaches towards TB control. GeneXpert technology, a more sensitive diagnostic tool has been adopted in the country for the rapid diagnosis of TB and its drug resistant variant with a turnaround time of under two hours. This reduces the turnaround for TB diagnosis and enables TB patients to be initiated on treatment sooner.

“In 2015, 80,000 Kenyans were tested for TB using this technology up from 20,000 in 2014,” Dr Muraguri stated.

There are currently 129 GeneXpert machines distributed in health facilities throughout the country, with the relevant personnel trained through the support of the Tuberculosis Accelerated Response and Care (TB ARC) activity, the National Tuberculosis, Leprosy and Lung Disease Program (NTLD-Program) and other partners.

“This [GeneXpert] technology will serve as the first line test for TB diagnosis among patients presumed to have TB in Kenya from July 1, 2016,” Dr Muraguri announced.

TB/HIV Co-infection and Isoniazid Preventive Therapy (IPT)

Kenya has already achieved universal access for HIV testing among TB patients and access to antiretroviral therapy (ART) for those co-infected with TB and HIV, and in line with WHO recommendations on implementation of collaborative TB/HIV activities.

“IPT is one of the key interventions recommended by WHO to reduce the burden of TB among people living with HIV, and in children under five who are in close contact with persons with TB. When taken as prescribed, IPT is highly effective in preventing latent TB infection from progressing to TB disease, and this could serve as the greatest prevention mechanism for people living with HIV.

Call for further action towards ending TB

Approximately 26.9 billion Kenya shillings is required in order to fully realize the current national TB strategic plan for the period 2015 – 2018.

“To date, slightly over 60% of this budget is available through our partners and the government,” mentioned Dr Sitienei, as he urged more partners to come on board in order to make this plan a reality.

2015 Kochon Prize Winner, Nurse Naomi Wanjiru from Engineer District Hospital in Nyandarua County, was also present at the event and called on health workers to courageously and tirelessly work towards ending TB in the country.

“After contracting TB in the TB clinic, most people advised me to stop this work and look for something else to do. But I could not. The lives of my patients depend on me, and if I have to show them my scars so that they can adhere to their treatment, then so be it. We must end TB by all means possible, and we as health care workers are at the forefront of this fight,” said Nurse Wanjiru.

County Commemoration Events

Counties across the country also marked World TB day through various activities with the resounding rallying call to, ‘MulikaTBMalizaTB!’

Approximately 26.9 billion Kenya shillings is required in order to fully realize the current national TB strategic plan for the period 2015 – 2018
In the build up to World TB Day 2016, the National Tuberculosis, Leprosy and Lung Disease Program (NTLD-Program) held a round-table forum on March 23, 2016 with county leaders from ten high burden TB counties.

County health leaders from ten high TB burden counties were in attendance. These included: Nakuru, Kisumu, Kakamega, Homabay, Meru, Mombasa, Nairobi, Kiambu, Turkana and Machakos Counties. The participants at this forum included the County Executive Committee Members of Health, County Directors of Health (CDHs), County Health Officers (CHO) and County Health Officers (CTLCs) from the ten counties. TB control partners present included representatives from Centre for Health Solutions – Kenya (CHS), NTLD – Program section heads and the Stop TB Partnership – Kenya.

The objective of the meeting was to engage specific County leaders on the TB burden within specific counties in Kenya and at global level. In addition, there were discussions on TB control activities in the country and in the respective counties.

This forum further aimed to address the gaps in specific County TB Programming, as well as to chart a way forward that would be reviewed bi-annually. The county TB profiling exercise aimed to help participants make informed plans of action that included resources available from diverse resource envelopes. The profiling also addressed gaps in the specific Counties and discussed various options and opportunities of addressing these gaps.

Specific discussions were centred on availability of TB commodities, more GeneXpert machines for the ten high burden counties, increased support supervision and review meetings, civil society organization (CSO) activities, access to TIBU data for key county officials and the need to package information on national level support to counties. These issues are to be reviewed in the next forum including considerations to allocate county health resources towards TB activities to ensure sustainability of TB programming through domestic funding.

WHO Global ‘End TB Strategy’

The World Health Organisation (WHO) End TB Strategy aims to end the global TB epidemic, with targets to reduce TB deaths by 95% and new cases by 90% between 2015 and 2035. It also aims to ensure that no family is burdened with catastrophic expenses due to TB. It further sets interim milestones for 2020, 2025, and 2030.

With this in mind, in-country action has to take place and policy/decision-makers should be involved in order to have sustainable and effective initiatives towards reducing the burden of TB in Kenya. The NTLD-Program and other key partners take cognizance of the devolved system of governance and health as a devolved service hence the consultative approaches.

Speaking during the forum, Head of the NTLD-Program Dr Enos Masini strongly urged the County Leaders present to weigh in on TB issues and prioritize them in their respective counties in a bid to enhance TB control. This would mean ensuring the availability of resources towards TB control, both technical and financial, and their integration in respective county budgets and work plans to enhance case finding towards ending TB in their respective Counties.
The National Tuberculosis, Leprosy and Lung Disease Program (NTLD-Program) held a weeklong work-planning meeting, from April 4 to April 8, 2016 at Serena Kilaguni. The joint work-planning meeting brought together NTLD-Program partners including Amref Health Africa in Kenya, PATH, Centre for Health Solutions – Kenya (CHS), and the World Health Organization (WHO).

During the meeting, the impact of TB control activities for the period beginning July 2015 was reviewed and priorities for the following year identified which include: increased TB case detection, Multi-Drug Resistant Tuberculosis (MDR-TB) case detection using GeneXpert, Paediatric TB control, and social protection.

In his opening remarks, Head of National Strategic Health Programs, Dr Joseph Sitenei thanked the TB program partners for their cooperation and support for TB control efforts. He also emphasized the need to have fruitful deliberations while working on ideas that can be implemented. Dr Sitenei noted the great milestones that have been achieved stating that, “Things are changing in TB and Kenya has particularly made great strides in Africa compared to other countries,” he added.

While welcoming participants to the meeting, the Head of the NTLD-Program Dr Enos Masini stated that the objective of the meeting was to discuss the actions that need to be taken to control TB in the coming year. “Our key priority is to increase TB case detection and enhance facility based intensified case finding,” he said. Other priorities included rapid and effective diagnostics, community engagement, TB/HIV collaborative activities, childhood TB, and targeting high-risk groups.

While thanking the participants for their contributions in the current year, TB ARC Chief of Party, Dr Brenda Mungai urged participants to appreciate the role that each team member contributed to the achievement of the TB program’s agenda.

Participants in their respective teams prepared relevant activities and budgets in line with the objectives as outlined in the National Strategic Plan for TB, Leprosy and Lung Disease (2015-2018).
CHS participated and partly sponsored the inaugural biennial conference on respiratory diseases in Africa, which took place in Nairobi April 9 - 12, 2016. The inaugural Pan African Thoracic Society (PATS) Congress themed “Breathing life into Africa,” brought together health professionals from across Africa to address current challenges in paediatric and adult lung health on the continent. PATS members consist of highly trained respiratory health professionals who serve in all sectors – public, private and the non-governmental sector.

The Cabinet Secretary for Health Dr Cleopa Mailu who officially opened the conference expressed his gratitude to PATS for choosing Kenya as the host of its first conference. Speaking at the opening ceremony, the Cabinet Secretary acknowledged the great burden of respiratory diseases on the continent.

"Sadly, Africa bears the largest brunt of infectious lung diseases dominated by acute respiratory infections and Tuberculosis (TB). Sub-Saharan Africa is home to nearly three quarters of persons with TB and HIV," said Dr Mailu.

Through the USAID funded Tuberculosis Accelerated Response and Care (TB ARC) activity, CHS supported 90 delegates to attend the congress including County TB and Leprosy Coordinators (CTLCs), National TB Program staff, as well as CHS staff. Delegates shared their experiences in dealing with TB, the fourth leading cause of mortality in Kenya, and richly contributed to dialogue on enhancing lung health in Africa.

In Kenya, non-communicable respiratory conditions are increasingly recognised as a major health problem, alongside TB. In 2015, respiratory conditions accounted for 10.3% of all deaths. For children aged between zero and four years, lower respiratory conditions remained the leading cause of death at 17.6%. It is estimated that deaths due to Chronic Obstructive Pulmonary Disease (COPD) and other non-communicable diseases will increase by 27% by the year 2030. It is further estimated that 10% of the Kenyan population, has asthma while the burden of COPD is currently unknown. COPD is the fourth leading cause of death in the world.

Efforts by the National TB Program and its partners have seen Kenya realise major milestones in TB control, being recognised as the first country in Africa to achieve the WHO global targets of detecting 70% and treating 85% of these TB cases successfully. However, more effort is required to further reduce the mortality rates. This was qualified by the CS who highlighted that, “In 2015, respiratory diseases contributed to about 10.8% of the total number of deaths in Kenya.”

During the conference, major respiratory health issues were brought to perspective with more emphasis being placed on prevention, care and control of occupational lung diseases, current management of COPD, emerging epidemics, persisting complexities global initiatives, among others. This was in line with the clear vision of promoting lung health in Africa.

PATS aims to establish a respiratory society that will enhance the reputation and position of health professionals’ membership in order to make them ideal advocates at local, regional and national levels.

With funding from USAID through the TB ARC activity, CHS supports health professionals working in TB control at national and county levels to participate in such forums to learn, and as share best practices in the fight against TB.

The next PATS congress will be held in South Africa in 2018.

Efforts by the National TB Program and its partners have seen Kenya realise major milestones in TB control
CHS at the Kenya Paediatric Association (KPA) Conference

CHS through the USAID funded Tuberculosis Accelerated Response and Care (TB ARC) activity participated in this year’s Kenya Paediatric Association (KPA) Annual Scientific Conference held in Eldoret from April 26-29, 2016. Major highlights of the conference included: health in devolved system, paediatrics in disasters, malaria, nutrition and allergies.

During the conference, CHS through the USAID funded TB ARC activity co-ordinated a session on paediatric TB where presentations were made on the management of TB in children focusing on the diagnosis, treatment, prevention and nutrition. Other topics included diagnostic yield of GeneXpert and culture on respiratory and non-respiratory specimen among Kenyan children.

TB in children can be life threatening if not well managed. In 2014, about 140,000 children lost their lives to TB. The natural history of disease indicates that more than 95% of children who develop TB do so within 12 months of infection. Children are sensitive and require a careful approach in diagnosis; their background in terms of contact with TB and suggestive symptoms of TB cannot be overlooked.

As often said, ‘prevention is better than cure.’ Prevention of TB in children is vital in minimising the number of infections that often lead to death. There are a number of preventive measures including the use of Isoniazid Preventive Therapy (IPT), which is given to children who do not present signs and symptoms of TB disease but are at a high risk of getting infected. IPT reduces the risk of getting TB disease by around 60% among contacts of all ages.

In pulmonary TB, which is the most common form of TB among children, symptoms like cough and fever extending for more than two weeks, reduced playfulness and weight loss cannot be ignored. Subsequently, early identification and treatment of infectious TB cases will greatly reduce the burden of childhood TB.

Careful evaluation of a decision to treat a child for TB is necessary and the child should receive a full course of treatment unless an alternative diagnosis can be established undisputedly. Paediatric TB formulations have been a challenge due to the large pill burden, size of pills, and bitter taste. Caregivers often have to break or crush the pills to try and get to the right dosage which has resulted to incorrect dosages for children. In December 2015, child friendly formulations, were launched and these are expected in the country soon. These child friendly formulations dissolve in water, have a pleasant fruity taste and are better dosed for different childhood age groups.

Severe forms of TB, TB meningitis, severe malnutrition and pneumonia, other significant factors like HIV, challenging social circumstances and severe adverse reactions need hospitalization. In addition, follow up is recommended for symptoms, adherence, and drug toxicity assessment as well as weight gain. Sputum follow-up for those who were smear positive at the start of treatment at two, five and six months should be done.

Good response to treatment in children like weight gain is clearly visible within 4-8 weeks. Causes of poor response are low adherence to the drugs, HIV infection, drug resistance, wrong diagnosis and other concurrent lung diseases.

In management of TB in children, common environmental factors like proper ventilation in homes where children are found need to be observed at all times. BCG vaccine is equally important for preventing TB infection in infants. Lastly, proximity to infectious individuals should be closely monitored because children can easily get infected if they are in close contact with caregivers who have TB.

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TB ARC Supports Bi-Annual Performance Review Meetings

The USAID funded Tuberculosis Accelerated Response and Care (TB ARC) activity supported County Tuberculosis and Leprosy Coordinators (CTLCs), County Medical Laboratory Technologists (CMLTs) and County Pharmacists during the recently held NTLD-Program performance review meetings.

Unlike the previous year, the meeting was split into two to allow adequate time for presentations, further deliberations and networking in groups. The meetings were organized in groups of 24 and 23 counties from May 3 to 6 and 10 to 13, 2016 in Eldoret and Nyeri respectively. The main objective of these meetings is to help CTLCs, CMLTs and Pharmacists from all the counties share progress reports as well as validate data collected over the previous year. This data includes: TB/HIV, and MDR TB outcomes, Isoniazid Preventive Therapy (IPT) initiation progress, lab and commodity status, and trainings offered.

The meetings also brought together key partners implementing TB activities in various counties. They also provided a platform to review case findings and outcome performance as well as share experiences, challenges, and best practices (benchmarking).

Speaking in Eldoret during the meeting, Uasin Gishu CTLC Hillary Ndiema, who officially opened the meeting, said that he was pleased to host the first group of county TB teams. He also expressed his gratitude to the NTLD-Program team for the continued support to the counties, requesting for more technical assistance and capacity building. “Uasin Gishu is home to the second largest referral hospital and is one of the counties with the highest burden of multidrug-resistant (MDR) TB cases thus without your support, we cannot achieve much success,” he said.

Laikipia County Governor H E Joshua Irungu pledged his support in reducing Kenya’s TB burden and promised to advocate for TB with the Council of Governors.
Head of the NTLD-Program Dr Enos Masini shares a light moment with Laikipia County Governor H.E Joshua Irungu.

Ministry of Health Cabinet Secretary Dr Cleopa Mailu signs the visitors book at the TB ARC booth during the PATS Congress.

Team building exercise at the annual work planning meeting in Kilaguni.
Dr Ahmed Kalebi, CEO Pathologist Lancet Laboratories Kenya Limited shares his view during a meeting with CHS and the NTLD-Program.

TB ARC Chief of Party Dr Brenda Mungai and other partners during a prevalence survey meeting at the NTLD-Program.

TB ARC Lab Technician Sheila Chebore (left) shares insights with nurses at Aga Khan Hospital during the GeneXpert inventory and support meetings.

Dr Ahmed Kalebi, CEO Pathologist Lancet Laboratories Kenya Limited shares his view during a meeting with CHS and the NTLD-Program.
The National Tuberculosis, Leprosy and Lung Disease Program (NTLD-Program) hosted the Green Light Committee (GLC) for a two-week evaluation of the TB Program in Kenya.

The GLC is a technical team from the World Health Organization (WHO), contracted by the Global Fund to Fight AIDS, Tuberculosis and Malaria to drive the Implementation Through Partnership (ITP) project.

During the introductory session at the NTLD-Program, Dr Joel Kangangi, from WHO welcomed the GLC team to Kenya. “The main aim of the visit is to address the ITP action which is the expansion plan based on new evidence, as well as discussing the way forward,” he said. Kenya is one of the high burden TB countries, making it a beneficiary of the Global Fund financial support for combating drug resistant TB.

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While addressing the NTLD-Program team, the GLC Head of Mission, Dr Wilfred Nkhoma particularly commended the country for undertaking the national TB prevalence survey. The survey is one of the strategic activities geared towards the increase of TB case finding in response to GF priorities. “As focal point person for the first African TB prevalence survey, I am impressed by the speed at which Kenya is undertaking this exercise,” he said.

The GLC team had a chance to visit TB control partners and activity sites in the country including the Kenya Pharmacy and Poisons Board (KPPB), Kenya Medical Supplies Authority (KEMSA), MSF Green House and Vihiga County TB Prevalence Survey sites. They also visited other TB facilities like St Veronica Health Centre and the Murang’a County Hospital and GeneXpert lab.

Visit to CHS Supported Murang’a County Hospital

While at Murang’a County Hospital, that receives support from CHS through its CDC funded Tegemeza project, the GLC team was greatly impressed by CHS support for various operations at the facility. Murang’a County Director of Health Dr Winnie Kanyi, and the Acting Medical Superintendent Dr Frederick Mbugua, officially received and welcomed the team to the facility. Records from this facility showed great success in TB treatment with an 87.5% and 100% cure rate recorded in the 2013 and 2012 cohorts, respectively. Patients are still undergoing treatment in the 2014 and 2015 cohorts.

In addition, the clinical review meetings particularly amazed them. “Kenya is the only country among the 47 we have visited in Africa that has this outstanding practice of bringing together Drug-Resistant TB (DR TB) patients and their health care workers,” they noted. This is a monthly practice that brings together patients, caregivers and the health workers to review the progress of the drug resistant TB patients.

Through the CDC-funded Tegemeza project, and working with the County Health Management Team, CHS supports the facility to implement robust TB control activities. This includes DR-TB surveillance and quality management of patients under the programmatic DR-TB framework. As part of DR-TB care, patients are subjected to a pre-treatment evaluation and counselling session.

Clinical Review Meetings

The clinical review team is comprised of a multi-disciplinary group that includes: a physician, the county and sub-county TB coordinator, a nutritionist, lab officer, social worker, pharmacist, public health officer, Directly Observed Treatment (DOT) nurse and a representative from CHS. These CHS supported forums enhance the commitment of the patients to treatment and drug adherence.

The meetings also provide a relaxed platform for the patients to share experiences through their treatment journey. CHS is dedicated to improving the coordination from facility to community and has established the Private Public Partnership (PPP) with Lancet Kenya through the TB ARC Activity. TB ARC has contracted Lancet laboratories to conduct baseline and follow up laboratory investigations for all DR TB patients in the country. With the PPP plan, the quality of care has greatly improved and TB patients do not incur any costs while undergoing treatment.

About GLC

The Global Fund provides support to scale up programmes through partners. In its support, it has agreed on goals and targets that need to be achieved from time to time. In this regard, Global Fund sends a technical assistance and advisory support team every year to address specific issues under the agreed objectives.

The technical team particularly evaluates implementation of the Programmatic Management of Drug-resistant TB (PMDT) in countries around the world. Further, it monitors implementation of financial components of the program and provides recommendations for each country’s needs in its TB implementation strategies.
Centre for Health Solutions- Kenya (CHS) through the USAID funded Tuberculosis Accelerated Response and Care (TB ARC) activity sponsored a paediatricians’ sensitisation forum on childhood TB in Nairobi. Paediatricians from both private and public facilities within Nairobi County attended the meeting where discussions on actively finding TB in children early enough to avoid preventable deaths were held. This is because children are very vulnerable and it takes time before TB is identified.

Globally, there are one million TB cases notified among children. In Kenya, the burden of TB in children is an important indicator of the ongoing transmission within the country. Therefore, careful and thorough clinical testing should be done to ascertain if a child has been exposed to TB. GeneXpert technology is the preferred test for TB diagnosis in children because the technology is highly sensitive in detecting the presence of TB bacteria and the resistance to Rifampicin drug in less than two hours.

Nairobi County Director of Medical Services, Dr Thomas Ogaro, thanked TB ARC for organizing the meeting, emphasizing that it is necessary to keep the engagement on childhood TB active. Speaking during the meeting he stated, “It takes time before we can find TB in children as most of the cases are in the urban villages, and these areas are not accessible.”

TB ARC Chief of Party, Dr Brenda Mungai, highlighted the role and challenges of paediatricians in the fight against TB in children. She assured the paediatricians of continued support from TB ARC.

With support from USAID, TB ARC supports the activities of the NTLD-Program to increase case detection and treatment for all forms of childhood TB. This is done through sensitization and capacity building of Health Care Workers, scaling up Isoniazid Preventive Treatment (IPT), contact tracing and sputum networking.
The USAID funded Accelerated Response and Care (TB ARC) Activity supported the quarterly President’s Emergency Plan for AIDS Relief (PEPFAR) Stakeholder’s meeting on Monday, May 23, 2016 in Nairobi. The meeting was held to discuss progress and updates for PEPFAR funded implementing partners in collaboration with the National Tuberculosis and Leprosy Disease Program (NTLD-P) and National AIDS and STI Control Programme (NASCOP) on country priority activities.

Speaking during the opening session, Deputy Head of the NTLD-Program, Dr Maureen Kamene presented a comprehensive update of the NTLD-Program’s progress and success. “The Program has developed strategies to find more TB cases and we urge partners to support us on this,” she said. The strategies include: active case finding in other non-routine settings and focus on emerging high risk groups, piloting special interventions in children, health communications and promotion and private sector involvement.

Dr Kamene also shared the antiretroviral therapy (ART) trends, which showed some improvement as compared to the previous year. There was also progress in Isoniazid Preventive Therapy (IPT) uptake among people living with HIV (PLHIV) of 201,990 adults up from 50,000. While presenting the program’s targets for 2016, Dr Kamene asked for support from all the partners so as to achieve the set goals.

During the meeting, USAID’s Dr Maurice Maina reminded partners of the country priorities and targets emphasizing the need for continued cooperation with the Government of Kenya. “You all need to ensure that you give the required support to the counties and be at the frontline in leading the coordination process as well as documentation,” he said. While acknowledging the great progress that has been made since the start of the TB/HIV partners’ meetings, he called on the partners to sustain it.

Dr Agnes Langat from CDC also appreciated the great input that all the partners have been adding to the program. “There is need for us all to ensure that we leverage on resources so that all program areas are well supported,” she said. She urged all to carefully review data to ensure both quantity and quality of care.

Childhood TB background was also put into perspective with progress being highlighted on the new treatment formulations now available. The Head of Care Section, and Childhood TB Coordinator at the NTLD-Program, Dr Kathure asked partners to strengthen nutritional assessments and support facilities in case notification. Strategies for improving childhood TB activities were shared and partners urged to scale up active case finding.

On the uptake of GeneXpert, partners were asked to strengthen the referral network, as some facilities do not have the diagnostic technology. The use of GeneXpert as first TB diagnostic test in facilities where it is placed was also emphasized. Sample networking was stressed to ensure that GeneXpert machines are not underutilized.

An overview of the Extension for Community Healthcare Outcomes (ECHO) project was shared; ECHO is an innovative training methodology that utilizes technology to transfer knowledge from the experts to the peripheral staff. ECHO is aimed at achieving improved quality of patient care as well as surveillance of TB and DR TB in both adults and paediatrics. Diagnostic and management skills in IPT, Xpert and paediatric diagnosis will be improved.

There was also progress in Isoniazid Preventive Therapy (IPT) uptake among people living with HIV (PLHIV) of 201,990 adults up from 50,000.
The USAID funded Tuberculosis Accelerated Response and Care (TB ARC) activity team in the company of Nurse Naomi Wanjiru set out on a journey to Kwale County to visit Ndulu Muthui, a child recovering from TB of the spine. Naomi contributed part of her 2015 Kochon Award prize money to support six-year-old Ndulu Muthui. Through the support of Centre for Health Solutions- Kenya (CHS), she handed over support items to the child’s family including a corset to support Ndulu’s back, books, and a bicycle to facilitate her movement to and from school as she lives more than three kilometres away from the school.

Ndulu’s home is a one-hour drive from Ukunda, off the highway on a rough terrain, towards Lunga Lunga. The landscape difference is evident, and with a slight rise in temperature, the region seems forgotten as only scrublands cover the dry sandy region.

Grass thatched village homes stood about a kilometre apart, a characteristic of Kwale County’s scarce population. After driving for 45 minutes down the dusty, bumpy road, we arrived at Godo Dispensary, a health centre where Ndulu received TB treatment. Here we met Mr Mumo, a Community Health Volunteer (CHV) who identified Ndulu’s condition and referred her for medical examination; he would guide us to Ndulu’s home 20 kilometres away.

On a 45-minute drive to Ndulu’s home through a thicket-bordered road, it was difficult to imagine that was the distance Ndulu and her grandmother had to cover on foot to follow up on TB treatment.

As we approached a small traditional house made of dried mud, an elderly woman in the company of five children came out to welcome us. She introduced herself as Ndulu’s grandmother. Ndulu was easy to identify owing to the deformed back resulting from her illness. She however appeared stronger and healthier compared to the last time we had seen her in pictures sent to us by Lunga Lunga sub county TB and Leprosy Coordinator (SCTLC) Rhoda Pola during her treatment.

Ndulu’s Experience
At the tender age of three, Ndulu developed extra-pulmonary TB that affected her spine. She could barely walk and had a swelling on her back that had been drastically developing.

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Naomi was clearly emotional as she hugged Ndulu; they were meeting for the first time since Naomi heard of the little girl’s plight. Naomi was wistful but excited at the same time. Ndulu’s parents were also present and they were delighted to meet us. It was at this point that we introduced ourselves and Naomi eagerly handed over the support items to Ndulu. “Three years ago, I suffered from a problem similar to Ndulu’s and I was bed ridden for one year but I am now cured,” said Naomi.

She explained that the visit was very significant, “I am glad that Ndulu did not give up, thus let this visit be an inspiration to Ndulu so that it can be a testimony that will bring change in this village.”

TB ARC Chief of Party Dr Brenda Mungai also expressed her happiness to see Ndulu’s improved health and commended CHV Mr Mumo, for the good work. “I am happy for the good work that Mumo and other CHVs are doing, so let us support them in spreading the word about TB,” she said.

She also commended Lunga Lunga SCTLC Rhoda Pola and Kwale County CTLC Lawrence Tanui for their keen follow up on patients. “We are not taking it for granted that Ndulu finished her treatment, thank you Rhoda and Lawrence,” she said.

Dr Mungai encouraged more efforts in reducing the TB burden saying, “Let us encourage contact tracing and encourage patients not to shy away from treatment as TB can be cured.”

Ndulu’s Experience
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One day, health care workers who were visiting households for the polio vaccination campaign identified her and recognized a number of TB symptoms.

Naomi’s Experience
Upon learning of Ndulu’s plight, Kochon Award winner Naomi Wanjiru was compelled to support the young girl, more so as she had walked through a similar journey. She had only worked at Engineer Hospital in Nyandarua
It is estimated that about 200 children die from TB every day. Majority of these deaths are as a result of misdiagnosis. Children also present symptoms that are not directly linked to TB and this can particularly be complicated when diagnosing extra-pulmonary TB. Diagnosing TB in children is further complicated by the fact that majority of children, especially those below five years of age, cannot produce sputum.

The USAID funded TB ARC Activity has been supporting the NTLD-Program to strengthen the capacity of health care workers in the prevention, diagnosis and treatment of paediatric TB. In particular, TB ARC Officers in the Coastal, Eastern North and Nairobi regions continue to work with the NTLD-Program to offer technical assistance in the facilitation of Paediatric TB trainings to health care workers.

Renewed Hope For MDR TB Patients

Multidrug-resistant tuberculosis (MDR-TB) patients have a reason to be happy, as the treatment period has been reduced from 20 months to 9-12 months. The news released by the World Health Organization (WHO) on May 12, is very encouraging as it brings hope to patients who had to take drugs for up to 20 months. This shorter treatment course is also affordable both for the patients and government.

This is a vital move towards continued efforts to decrease the mortality rate among MDR TB patients as it will encourage adherence to treatment as well as reduce the loss to follow-up. It is estimated that the cost of treating one patient is Shs.1.8million depending on the complexity of the disease. The mortality rate is estimated to be approximately four in ten, with 39.5 percent of people who contract this disease dying globally.

In the past, there have been many cases of discontinued treatment by patients due to the long periods of drug intake, which is often interrupted. Even with adherence, the toxicity of drugs can have additional adverse effects on a patient’s health. These adverse effects include hypersensitivity, mild numbness, liver toxicity, renal toxicity and hearing impairment.

Many MDR TB patients live with uncertainty throughout their treatment journey, as they are not assured of 100% healing. These patients require a lot of support from their caregivers to encourage them as they take the treatment. The news regarding the short treatment regimen was received as similar communication was released regarding the reduced detection time for second-line drug resistance.

Unlike previously where one had to wait for results for three months, this method is more dependable as the results can be generated within 24-48 hours. This will play a big role in speeding the uptake of effective second-line regimens.

About MDR-TB

MDR TB, is an advanced form of TB that does not respond to the two key first-line anti-TB drugs. These drugs are Isoniazid and Rifampicin, which cannot be excluded in the treatment of drug sensitive TB. MDR TB is mostly caused by non-adherence to TB treatment resulting in development of resistance to first line TB treatment.

WHO is currently working to ensure the uptake of the rapid test and shorter and affordable regimens in various countries. Kenya is planning to roll out these drug regimen as it joins the rest of the world in the continued fight against TB.

It is estimated that the cost of treating one patient is Shs.1.8million depending on complexity of the disease.
The first GeneXpert review meeting was held in Naivasha from May 31, to June 3, 2016. Meeting participants included GeneXpert super users, County Tuberculosis and Leprosy Coordinators (CTLCs), County Medical Laboratory Technicians (CMLTs), representatives from the National Tuberculosis and Leprosy Program (NTLD-P), and partners in TB control.

The USAID funded Tuberculosis Accelerated Response and Care (TB ARC) activity supported the meeting that provided a platform to share experiences on the GeneXpert implementation process. Issues related to operationalization were discussed, as well as strengthening commodity management, sample transport management, and testing and routine machine maintenance.

During the opening session, TB ARC activity Chief of Party Dr Brenda Mungai gave an update on the progress of National TB Program coordination, planning support and new diagnostics. “GeneXpert technology has revolutionised TB diagnosis and we look forward to the introduction of ultra cartridges in the future, which will be more sensitive,” she said.

Dr Mungai also emphasized the need for effective data management for decision-making and encouraged super users at county level to seek support from their respective counties particularly on inverters and larger batteries to handle power challenges.

GeneXpert Coordinator at the NTLD-Program, Jeremiah Okari explained that the GeneXpert test will be the first diagnostic test for TB from July 2016. This will go a long way in increasing the utilization of GeneXpert testing in 2016. “Therefore, counties should track their commodity consumption and share with those that will be experiencing shortages,” he added. On sample networking, he advised participants from arid and semi-arid areas to use cold chain and batching for their preservation and public transport for networking.

Elizabeth Wangui from the National Tuberculosis Reference Laboratory (NTRL) shared with participants a vivid picture of the National Lab’s role summarizing it as GeneXpert panel testing and coordination. She added that for quality monitoring, the panels are sent from Atlanta, to their labs and this has been the practice since 2013. "The panels are usually sent to participating laboratories together with their Standard Operating Procedures (SOPs),” she noted. She further clarified that GeneXpert sites participating in panel testing cannot be replaced with new sites.

Super user representatives from various counties requested for training for peripheral health workers and clinicians on sample collections. They further highlighted the sample transport mechanisms which included use of motor-cycles (boda boda), health workers, couriers, and public transport and at times use of patients. In this regard, it was noted that Nairobi County would require additional super users since there are more machines in the region.

Albert Okuma from Centers for Disease Control and Prevention (CDC) reminded the participants how to manage discordant results and noted that culture should not be used to confirm or reject GeneXpert results.

Speaking during the closing session, Deputy Head of the NTLD-Program Dr Kamene called for continued efforts in averting any decline in TB case finding noting that there was a decline in 2015. Lastly, she informed the meeting about the change in policy on the imprisonment of defaulters noting that they will no longer be arrested.

From the meeting, a number of recommendations were made, which included sensitization of HIV and TB clinics on the use of GeneXpert as a first test. TB partners were urged to facilitate sample networking at the sites they supported and super users asked to ensure proper reporting and updating of stocks to facilitate planning and reduce stock outs that interrupt testing at the sites. Isoniazid Preventive Therapy (IPT) targets were discussed with targets being noted as 500,000 and 900,000 by June and December 2016 respectively.

Participants at the GeneXpert review meeting in Naivasha

GeneXpert Data Review Meeting
Programmatic Management of Drug Resistant Tuberculosis is yet to be fully optimized. National guidelines for management of DR TB in Kenya envisage monthly reviews of patients diagnosed with the resistant strain by a qualified multidisciplinary team, at both County and sub County service delivery levels.

TB ARC working closely with TB Coordinators in Isiolo County supported the first review of DR TB patients in Isiolo sub County. During the review, a team comprising of the County and Sub County TB coordinator, Pharmacist, Nutritionist, Social Worker, Directly Observed Treatment (DOT) Nurses, Laboratory Officer and TB ARC Regional Officer assessed a total of five patients.

Majority of the patients appreciated the review since they had an opportunity to share their concerns and experiences with the larger team. One patient who reported to have had nutrition issues due to lack of adequate income to sustain herself since the onset of the disease, was linked to a Social Worker and a Nutritionist who would offer further linkages to the appropriate support systems. The need to fast track approvals for existing patient support cash transfers through the NTLD-Program was also highlighted.

A Clinical Team reviewed the previous laboratory test results and gave professional opinions during the sitting. New samples were collected at the same review meeting and patient records were updated accordingly. Capacity building on management of DR TB was also conducted for the DOT nurses caring for the patients as they presented patient reports.

The participants appreciated the activity and made commitments to have the reviews continue in subsequent months.

Success Story: TB ARC Supports Maiden Clinical Review of Drug Resistant Tuberculosis (DR TB) Patients in Isiolo

New samples were collected at the same review meeting and patient records were updated accordingly
Tuberculosis Accelerated Response and Care (TB ARC)

Goal
To reduce the burden of TB in Kenya

TB ARC Consortium Partners
- Centre For Health Solutions – Kenya (CHS)
- Program For Appropriate Technology in Health (PATH )
- Safaricom
- Tangazo Letu

Project Principles
1. Fostering country ownership
2. Investment for impact
3. Multi-sectorial involvement
4. Building on existing systems
5. Optimal management of project resources

Objectives
1. To ensure NTLD-Program is supported to provide reliable leadership and coordination of TB services in Kenya
2. Ensure development, implementation and scale-up of new TB program areas
3. Ensure local adoption and scale-up of globally proven TB interventions
4. Ensure technology driven programming and monitoring of TB services in Kenya