TB ARC II hosts the first East African Parliamentary TB Summit

The Global TB Caucus and Stop TB Partnership - Kenya, a TB ARC II sub awardee, hosted the first East African Parliamentary TB Summit on June 24-25, 2019 at Royal Tulip Hotel, Nairobi. The summit brought together members of parliament from Ethiopia, Kenya, Uganda, South Sudan and Tanzania to discuss how to reduce the high burden of TB in the region.

Speaking during the summit, the Chair of African Parliamentary TB Caucus committee Hon. Stephen Mule called on member states to integrate innovative solutions to deal with the disease.

“They do things outside the box. Let us integrate what is happening in Kenya, Tanzania, Uganda and other East African countries in coming up with innovative ways of fighting TB our region.

TB ARC II Deputy Chief of Party, Dr Lorraine Mugambi noted that, “TB flourishes in areas with weak health systems. We need to strengthen our primary health care systems across East Africa. We need to increase awareness and knowledge that anyone can get TB as it has no boundaries.”

TB ARC II

The Tuberculosis Accelerated Response and Care II activity (TB ARC II), a USAID awarded grant to Centre for Health Solutions - Kenya (CHS), supports Kenya’s National Tuberculosis Leprosy Diseases Program (NTLD-Program) in reducing the incidence and number of deaths due to TB in Kenya.

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Word from the TB ARC II Chief of Party

We hope you are all doing your part in the fight for TB and stepping up the fight! As a team, we are delighted to let you know we successfully bid for a follow on project last year after a successful close out of TB ARC in November 2018. As Centre for Health Solutions - Kenya, we are now implementing Kenya Tuberculosis Accelerated Response and Care II activity (TB ARC II) in partnership with; National Tuberculosis Leprosy and Lung Disease Program (NTLD-Program), Population Services-Kenya (PS Kenya), International Union against Lung Disease (The Union), Foundation for Innovative New Diagnostics (FIND), Stop TB Partnership - Kenya and KANCO. This is a five year program whose purpose is to reduce the incidence and number of deaths due to TB in Kenya. We look forward to working with you all in this endeavor!

A new year always brings us closer to the timelines for ending TB, and a chance to take stock of where we are as a country in our endeavor to END TB. In 2019, can we deliver on the promise? We need to step up the fight! In this newsletter, a lot of activities have been captured on efforts towards reducing the burden of TB.

Political commitment and leadership are the key components of the second pillar of the END TB strategy - bold and supportive systems. In March 22 this year as part of the World TB day commemoration, the Cabinet Secretary for Health, Mrs Sicily Kariuki, led the launch of a patient centered National Strategic Plan for TB, Leprosy and Lung Diseases (2019-2023). She reiterated that His Excellency President Uhuru Kenyatta’s commitment to diagnose and cure at least 597,000 people with TB by 2023 including; 55,000 children, 542,000 adults and 4,500 people with multidrug-resistant tuberculosis (MDR-TB), in addition to providing TB preventive therapy to at least 900,000 Kenyans at risk. This was Kenya’s commitment during the UN High Level meeting on TB in New York.

The political will in the fight for TB has continued to get better with time with the Africa TB Caucus leading the way. In June this year, the first East African Parliamentary TB Summit was held with an aim to discuss how to reduce the high burden of TB in the region. This is indeed the right direction in stepping up the fight. Stop TB Partnership - Kenya has continued to act as a secretariat for the Africa TB Caucus and leading in the TB advocacy agenda.

Nairobi County TB Free City initiative was launched in this half year in a bid to render Nairobi TB free! Nairobi County, which has the highest TB, TB/HIV and DR-TB burden and also contributes 23% to TB related deaths in Kenya, was identified as a prime target for the Zero TB Cities initiative.

The main purpose of this initiative is to establish an island of TB elimination in Nairobi and therefore contribute to a reduction in TB incidence countrywide.

Nairobi City County Government is spearheading this initiative and we ask all partners to support the vision. Read more about this in the piece on Nairobi TB free city initiative (page 7).

On this biannual newsletter, we have a one on one talk with Dr Jane Carter, immediate former president of The Union. Having worked in the TB field in Kenya for many years, she considers Kenya her second home. Her passion for TB is evident especially on childhood TB. She is a great wealth of knowledge and as I fondly refer to her, a connector. She is currently involved in the TBData4Action trainings, Extension for Community HealthCare Outcomes (ECHO) and a Pediatric TB project in Kenya. We shall continue to tap on to her expertise as we work towards ending TB in Kenya.

We wish you well in the remaining part of the year as we step up the fight against TB. It is Time for a TB Free Kenya!
On March 22, 2019, the Ministry of Health’s National Tuberculosis, Leprosy and Lung Disease Program launched the Kenya National Strategic Plan (NSP) for Tuberculosis, Leprosy and Lung Health 2019-2023 during the World Tuberculosis Day commemoration held at Thika Stadium, Kiambu County.

Speaking during the event, Ministry of Health Cabinet Secretary, Mrs Sicily Kariuki, emphasised the importance of the strategy, that will ensure a patient-centred approach in closing the gaps along the patient pathway to quality care.

“This strategy will ensure a patient-centred approach to TB prevention, diagnosis, treatment and care, which calls for the elimination of fees associated with diagnostic testing for TB, including chest radiography services,” CS Kariuki said.

She added that the strategy was in-line with His Excellency President Uhuru Kenyatta’s commitment to diagnose and cure at least 597,000 people with TB by 2023 including; 55,000 children, 542,000 adults and 4,500 people with multidrug-resistant tuberculosis (MDR-TB) in addition to providing TB preventive therapy to at least 900,000 Kenyans at risk.

CS Kariuki called for the continued support from partners and stakeholders so as to end TB by the year 2030.

Dr Rudi Eggers, WHO Country Representative in Kenya, lauded the launch of the strategy saying that it recognises the importance of strong partnerships and commitment at the national and county levels to end TB by: prioritising the use of proven methods like GeneXpert and newly available TB medicines to diagnose and successfully treat all types of TB; prioritising operational research needed to inform policies and help improve delivery of TB services and positioning TB control into emerging Universal Health Coverage in Kenya.

The U.S. government’s contributions to the NSP was through the USAID-funded Kenya Tuberculosis Accelerated Response and Care II activity (TB ARC II), implemented by Centre for Health Solutions – Kenya (CHS), which provided funding and technical support to ensure a strong strategy that aligns with global goals. The technical support was in collaboration with WHO-Kenya, Stop TB Partnership - Kenya, AMREF Health Africa in Kenya, CDC Kenya, Bill and Melinda Gates Foundation, and London Imperial College.

Representing the U.S. government at the launch, Dr Herman Weyenga of CDC Kenya, called on county governments to take up the national strategic plan and adapt it to their local contexts so that it is most effective for their populations.
Capacity building County and Sub-county TB Coordinator’s in data usage to improve health care

In collaboration with the International Union Against Tuberculosis and Lung Disease (The Union) and the National Tuberculosis Leprosy and Lung Disease Program (NTLD-Program), TB ARC II conducted the 9th Principles of TB Care and Prevention: Translating Knowledge to Action training for County and Sub County TB coordinators drawn from Busia, Marsabit, Uasin Gishu, and Muranga counties from June 9-15, in Meru County.

The TBData4Action trainings focused on data-driven supervision techniques. The training was aimed at capacity building the participants to understand the bacteriological and epidemiological basis for the principles of effective TB patient care and programme management.

It also aimed at empowering them with skills for monitoring and evaluation of TB program activities at different levels and providing support and supervision to health providers.

“This training promotes data driven supervision techniques which recognises use of local data to inform solutions. The slogan ‘show me the data’ has been adopted by the participants to emphasise use of local data in appreciating and quantifying strengths and to inform smart action points,” says Patrick Angala, TB ARC II, Monitoring and Evaluation Manager.

TB Data for Action uses routinely available data in facility registers including TB registers and TIBU, to look for missing cases within the health care system and at the leakages in the care cascade. Using this analysis (comparing facility to sub-county, sub-county to county, county to national), County and Sub-county Coordinators learn to discuss the local data with facility staff and arrive at locally derived solutions to improve care.

“TBData4Action is a major focus of The Union – CHS Training. This method of utilising locally derived data during support supervision revolutionises finding the missing cases already accessing health services as well as identifying (and plugging) the quality gaps in care. Use of TBData4Action is accelerating Kenya to its elimination goals,” notes Dr. E. Jane Carter, lead trainer, The Union.

The training was followed by the development of a Data for Action Extension of Community Health Outcomes (ECHO) to ensure post-training follow up and support ongoing adoption of the method going forward. The pilot ECHO is planned to start in August with hopes of rolling it out widely by the end of the year.

TBData4Action trainings begun in 2017. Since then, 2,114 County and Sub-county Coordinators have been trained from 47 counties.
Supporting counties develop strategic plans

In the period February - April, TB ARC II in collaboration with the NTLD-Program held forums aimed at empowering County Health Directors, Medical Lab Coordinators, Pharmacists and TB coordinators from 47 counties in developing their county specific TB, leprosy and lung disease frameworks, in-line with the National Strategic Plan for TB, Leprosy and Lung Health, 2019-2023 (NSP).

Speaking during one of the meetings, TB ARC II Deputy Chief of Party, Dr. Lorraine Mugambi said the development of county specific strategic plans would ease the burden of TB in the counties.

“The strategic county plans developed by each county will act as their guide in prioritising their intervention areas. This will enable each county to focus on their needs without unnecessarily replicating what is being done by another county,” Dr Lorraine said.

According to Dr Newton Omale, Head of Policy and Planning, NTLD-Program, the development of the County Specific Operational Frameworks will ensure that the NSP is well interpreted to address the special needs and diversities of the 47 Counties.

The vision is for the plans to be adopted into the specific county strategic development and investment plans.

With TB remaining a major cause of morbidity and mortality...

Development of sample policy frameworks guidelines and sample referral systems for TB sample referrals workshop

Foundation for Innovative New Diagnostics (FIND), a TB ARC II sub awardee, in collaboration with the NTLD-Program, National Public Health Laboratories Services, National TB Reference Laboratories, Clinton Health Access Initiative, AMREF Health Africa in Kenya and KEMRI-Kisani supported the development of sample policy framework, guidelines on sample referral systems for TB sample referrals workshop in April, 2019.

The sample referral system aims to increase access to diagnostic tests, improve timeliness of test results, ensure biosafety and bio-protection, improve the quality of diagnostic tests by improving the specimen quality and increase the cost efficiency of TB diagnosis.

The system being developed will be tested in selected counties which include: Marsabit, Isiolo, Wajir, Mandera, Garissa, Tana River, Siaya, Baringo, Turkana, Nakuru, Bomet, Kiambu, Makueni, Busia and Migori.

Participants who attended the workshop

in Kenya, TB ARC II Activity is empowering county executives to prioritise on TB control as a wide process of developing county specific strategic plans.

The strategic plans developed aim to improve TB case finding by increasing access to high quality, patient-centered TB, Drug Resistance TB and TB/HIV services.
TB ARC II supports National TB Program and partners’ annual joint work planning

TB ARC II supported and participated in a joint work planning meeting for the period July 2019 to June 2020, that is aligned with the recently launched National Strategic Plan for Tuberculosis, Leprosy and Lung Health, 2019-2023.

This was in collaboration with the National Tuberculosis, Leprosy and Lung Health Program (NTLD-Program) and other partners at Amboseli Serena Safari Lodge, May, 2019.

Speaking during the exercise, NTLD-Program Head, Dr. Kamene Kimenye noted, “This exercise is important as the joint work plan will strengthen the National Tuberculosis, Leprosy and Lung Health Program stewardship role in TB control in Kenya while optimizing resource allocation at the national level, strengthening operational budgeting and enhancing synergies, resource allocation, and management to enable a smooth program implementation.”

Her sentiments were echoed by TB ARC II Activity, Deputy Chief of Party, Dr. Lorraine Mugambi-Nyaboga who said that the exercise gave the partners present an opportunity to leverage on each other’s strengths in developing an integrated work plan strategically aligned to the NSP 2019-2023 vision of a Kenya free of TB and leprosy, and reduced burden of lung disease.

Partners present included WHO Kenya, Amref Health Africa in Kenya, PS Kenya, Stop TB Partnership – Kenya and KANCO. TB ARC II supported the meeting financially and provided technical support.

TB ARC II continually supports the National TB Program to reduce incidence and number of deaths due to tuberculosis in Kenya. This is by ensuring increasing timely use of quality TB, TB/HIV and Drug Resistant TB treatment, undertaking participatory approaches to improve TB Service uptake and enhancing the efficiency and sustainability of the NTLD-Program.

This exercise is important as the joint work plan will strengthen the National Tuberculosis, Leprosy and Lung Health Program stewardship role in TB control in Kenya while optimizing resource allocation at the national level, strengthening operational budgeting and enhancing synergies, resource allocation, and management to enable a smooth program implementation.

Dr. Maureen Kamene, Head, NTLD-Program
Nairobi City County establishes Nairobi TB Free City initiative

The Nairobi Free TB City initiative was established after a two-day consultative meeting held at Double Tree Hotel by Hilton, Nairobi in June, 2019 with county health officials and partners implementing TB programs. The initiative aims to reduce the high burden of tuberculosis in the city by helping the county find the missing cases, treating the infected and preventing the uninfected populations from infection.

Speaking during the meeting, Nairobi County Director of Health, Dr Lucina Koyio noted that the initiative was timely in reducing the county’s high TB burden. She called for support from partners and residents in realizing the initiative’s objectives.

“As a County we are very committed in reducing the high burden of TB. TB is a family disease and for us to defeat it, we are involving everyone from the community level way up to partners implementing TB programs through this initiative,” said Dr Lucina Koyio.

TB ARC II Chief of Party, Dr Brenda Mungai urged all to embrace the initiative and implement it to the best of their abilities, “This initiative is for us all to embrace. For us to achieve its objectives it has to be business unusual.”

Her sentiments were echoed by the president of the International Union Against Tuberculosis and Lung Disease, Dr Jeremiah Chakaya saying, “This is a noble idea. We have all it takes to achieve it.”

Lucy Mueni, Senior Programs Officer, Matatu Welfare Association applauded the initiative noting that it would save the matatu crew and their clients from contracting TB.

Nairobi Free TB City initiative is an adoption of the Zero TB Cities, a collaborative global initiative geared towards finding missing cases of TB in cities and treating them in an effort to eliminate the infectious disease.

Kenya is ranked among the high burden countries in the world with Nairobi carrying the highest burden of TB in the country, contributing to 20% of TB cases and 23% of deaths in the country.

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Involving the private sector in active TB case finding: Tunza clinics network

Miriam Njeri, one of and 23 other health care workers drawn from the Tunza franchise private facilities in Kenya, attended a tuberculosis integrated curriculum training conducted in April, 2019 by Population Services Kenya (PS Kenya), a TB ARC II sub awardee. The training aimed to provide the health care workers with a holistic package of information on the Practical Approach to Lung Health (PAL), active case finding for TB, TB diagnosis and treatment of all forms in different groups.

Miriam is a nurse and also owns the Good Shepherd Marinda Medical clinic located at Dagorreti Market, Nairobi County.

“This particular training has been very beneficial to me. It was my first training on TB since I left college twenty-six years ago. Due to the little knowledge and lack of current updates, I have had been ignorant on many things around TB as a health care worker. I now see the need of TB screening for my clients,” Miriam says.

The training also equipped them with knowledge on TB nutrition, advocacy, communication and social mobilization, infection prevention and control of tuberculosis, leprosy, commodity management and pharmacovigilance, and Monitoring and Evaluation of TB, leprosy and lung disease activities and interventions.

“Since that training on TB, my passion on TB has increased. I do TB health communication anywhere and everywhere whenever I get a chance,” says Miriam.

After the training, Miriam went back to her clinic and began practicing what she had learnt.

“After the training, screening for TB has become a must for everyone visiting here, irrespective of the service they have come to seek. Just the other day, as I was going about my business in the examination room, I noticed there was someone with a continuous irritating cough. I called her in, but first she was hesitant and told me she had only come for family planning services. Upon screening her, I noticed she had symptoms of TB and referred her to the nearest hospital with a GeneXpert machine for sputum collection and testing,” Miriam shares.

Miriam has not kept what she learnt to herself, she has passed on the knowledge to her colleagues in the clinic. This has seen an increase in the number of TB screening from zero to twenty in the last one month since the training. The cases are recorded in the presumptive register that the sub-county TB coordinator provided her with after the training.

Miriam is not waiting for clients to show up at the clinic for screening or to receive the health communication on TB. She is going out of her way to look for them.

“I have already scheduled a day to talk about TB in my church. With the knowledge I got from the training, the community around here should not die of TB or have it spread to the uninfected. Very soon, I will be having community health education in the villages around here given the high cases of drunkenness and smoking as well as other habits that puts a person at a high risk of contracting TB. I want my people to learn and that way we will be all safe,” she says.

She concludes by saying, “Such training is important for us people in the private sector because if you don’t have the skills you will miss on the cases and they will go unnoticed. Most of the clients will come to a private clinic before going to a government clinic. When we work together with the government the TB burden will be reduced. We will be able to find the missing cases that are not reaching to them.”

The purpose of the integrated TB curriculum is to provide a public health approach to the management of TB, Leprosy and Lung disease and to build the capacity of health care workers on TB management in the Tunza clinics network.

According to the First National TB Patient Cost Survey 2017, private sector contribution to TB case notification has stagnated at a suboptimal rate of 18% in the last 4 years. As a strategy to reduce the burden of the Country, TB ARC II is using the Public Private Mix (PPM) initiative to improve and expand private sector and community partnership. This is by engaging the unengaged private health providers in 20 counties in TB control activities like diagnosis and treatment, identification and referral.
Bringing together TB/HIV partners in a support progress meeting

TB ARC II brought together Kenyan TB/HIV support partners for a one-day meeting in March, 2019 to discuss TB/HIV support progress for PEPFAR supported implementing partners in collaboration with the NTLD-Program and NASCOP.

Speaking in the meeting, Dr Maurice Maina, HIV Specialist USAID-Kenya and Agreement Officer for TB ARC II, urged the partners to support the counties in TB/HIV collaborative activities.

“As partners we need to do more in Isoniazid Preventive Therapy coverage in collaboration with the counties at the grass roots. Let us focus to improve on reporting on Isoniazid Preventive Therapy for timely and accurate data. Let the County TB Leprosy and Lung Health Coordinators be of help in ensuring that any data lost is re-entered,” Dr Maina said.

NTLD-Program Head, Dr Maureen Kamene reminded the partners that they had a role to play in ensuring that TB activities were effectively implemented in the country. She went ahead to urge them to improve TB GeneXpert utilisation noting that only 43% of clients accessed the test in 2018.

By the end of the meeting, the partners had agreed to support data entry into the system to improve the data given the fact that Kenya was only at 70% Isoniazid Preventive Therapy coverage for HIV clients. The partners also agreed to support TB sample networking in all the facilities in the supported Counties and partner sensitization in quality improvement to improve TB indicators.


Engaging students in TB awareness creation

In March 2019, Tuberculosis Accelerated Response and Care II activity (TB ARC II) in collaboration with the National Tuberculosis Leprosy and Lung Disease Program (NTLD-Program), Ministry of Education and AMREF Health Africa in Kenya engaged secondary school students from Kiambu, Mombasa, Nakuru, Meru and Kisumu in a two-day TB awareness drama festival ahead of World TB Day event.

The festivals were carried out in schools within counties with a high TB burden in an effort to increase TB awareness and understanding through drama, folk songs and spoken word among their peers, the general school population, their home and the community.

The winning teams from each county presented their items during the World TB Day commemoration event held in Kiambu County on Friday, March 22, 2019.

Besides receiving trophies, the top three winners were awarded with textbooks worth Kshs 5,000 and desktop computers by the Ministry of Health Cabinet Secretary, Mrs. Sicily Kariuki, during the event.
Dr Jane Carter is the immediate former president of the International Union Against Tuberculosis and Lung Disease (The Union). She is currently serving as a Pulmonologist at Brown University in the United States of America and as one of the lead trainers of the ongoing TB ARC II supported Principles of TB Care and Prevention: Translating Knowledge to Action training for County and Sub County TB coordinators. Over the years, Jane’s contribution to paediatric TB is humongous especially here in Kenya.

How long have you been in the TB world?

I have been working primarily in TB since my pulmonary fellowship over 30 years ago.

How has this journey been?

It has been a very interesting journey watching the trajectory of TB control over the last 30 years. When I started, the only emphasis was on TB in adults. Children were somehow ignored.

Tell us about your work in Kenya?

My major international focus has been Kenya, mainly in Western Kenya. It is my second home. With funding from TB Reach we were able to implement a project known as FIKIA project with Centre for Health Solutions - Kenya. The project involved active case finding in children, the first of its kind in the region.

What was the project’s biggest achievement?

Administration of TB preventive therapy to 90% of children from households with TB patients and capacity building of health care workers on contact register usage to find these children in the community.

Which approach did you use to achieve this?

Our premise idea was very simple. Once a health care worker diagnoses TB, they had to ask the adult if they had children under five in their home. If the answer was yes, we would advise them to bring the children for isoniazid preventive therapy to stop them from contracting TB after ruling out active TB. We also educated and supported health care workers in a longitudinal fashion which involved building their confidence and capacity in diagnosing and treating pediatric TB. We gave them a contact register to track these children.

Why is isoniazid preventive therapy for under five child contacts of tuberculosis patients important?

Children are highly susceptible to tuberculosis. Isoniazid prophylaxis reduces the risk of developing tuberculosis in children who have household contact with an infectious TB case, after ruling out active TB disease.

What was your biggest lesson from the project?

Though children are so vulnerable to TB and they actually tolerate TB medicines well. We just need to diagnose them and put them on the right medication as well as prevent those exposed from contracting it.

Talking of TB diagnosis in children, what does this involve?

Diagnosing TB in children is difficult as children are less likely to have obvious symptoms of TB, and samples such as sputum are more difficult to collect from young children. A careful analysis of clinical, non-microbiological and microbiological evidence is needed. This is household TB contact, symptoms consistent with TB, chest x-rays, sputum testing among others.

Do you think Kenya is on the right direction towards ending paediatric TB?

Though Kenya still remains one of the high TB burden countries, am happy it is on the front line in taking care of paediatric TB and prioritizing its children. It was the first country to roll out the child friendly medicines and the first to do a pediatric TB Extension Community Healthcare Outcomes (ECHO). Kenya has all the tools to bring down the incidence of TB given the fact that it is one of the high burden countries.

What is your biggest joy in day to day work?

Seeing patients, caregivers and health workers defeat TB.

Are you quitting working in the TB world anytime soon?

I will be working on TB until I quit working or we end TB.

Your parting shot?

I believe we all need to advocate for the best TB care for the children after all if we do not speak up for them, who will do so?
Mukuru Kwa Rueben is a sprawling slum in Nairobi; among one of the largest of over 150 informal settlements in Nairobi. It is located on the Nairobi’s Industrial Area zone with its occupants being industrial workers drawn to jobs in the neighboring industrial zone and Nairobi City Center approximately seven kilometers away.

Like any other slum in urban cities, Mukuru Kwa Rueben has a myriad of problems contributing to high burden of TB in the slum: crowded living conditions, limited access to healthcare and air pollution from the nearby industries topping the list.

At Kwa Rueben Medical Centre, Joshua Makanda, a 23-year-old former TB patient, narrates his journey in overcoming TB.

“It all began in November 2017, while I was working at a data analysis company in Industrial Area when one afternoon I started feeling cold. This continued for a while, even when the sun was out in the afternoon I would be feeling cold. I spent all days in jumpers to keep warm,” Joshua explains.

He explains how this condition created conflict at his place of work. “When we would attend meetings at work on warm days and the air conditioner is on, I would ask my workmates to turn it off. This would draw a bit of conflict because everyone would complain that it is too hot and I should stop nagging them to put it off. They often won and because I was uncomfortable with the cold, I would not concentrate in the meetings. With time, I stopped attending meetings, causing problems with my bosses and later led to the loss of my job,” Joshua shares.

A few weeks later his condition worsened prompting him to purchase over the counter medicines in a local chemist.

“After sometime, I started having frequent shivers and a persistent dry cough that made me feel like I had inhaled dust. I used to go to the chemist and buy over the counter drugs for the cough but it would not die down and I would go back again,” Joshua recalls.

Joshua continued purchasing over counter medicines to treat his condition to no avail. In July 2018, when he began to feel pain on the left side of his chest, he decided to seek medical attention in a local private clinic where they prescribed him medicine. For a few days, he felt better but he had a relapse making this condition worse than before. He decided to seek medical services in a bigger private hospital outside the slum where he was prescribed other medicines that weren’t doing him any good.

He didn’t give up, rather he sought services in another facility, this time a public facility and luckily the doctor was able to diagnosis what was ailing him.

“When I noticed there were no improvements from all the medicines I was getting from the private facilities, I decided to go to a public facility in Mareeba. The doctor asked me for a sample of my sputum. They also advised me not to bring it on a Friday, so that it does not get spoilt during the weekend. I did as I was advised. After testing they found I have TB. They asked me where I live and if there is a TB clinic nearby. I told them I had seen one at Rueben health center, Mukuru kwa Rueben. They gave me a referral letter to bring to the clinic. I began the treatment on the first of August 2018,” Joshua says.

Joshua shares that when he was told he had TB he was at first scared on whether it was treatable. The assurance from the doctor that he would be well gave him hopes of recovering which began showing signs of fulfillment a week after.

“A few days after beginning the TB medication the coughing was gone. I began to feel better and while going to pick my medication I shared with the doctor what I was feeling. She was happy with the improvement I was experiencing but advised me to take all the medicine without skipping a dose. She explained that if I miss a dose during the six months, I would have to begin the treatment again, as the bacteria would still be there,” Joshua says.

“I could not imagine getting sick again. Being sick is limiting. It interferes with one’s normal routine, for example I could not even run for short a distance without feeling tired and coughing a lot. Completing the medication so that I could get back to normal, motivated me to adhere to the medication as advised,” he adds.

Looking back Joshua is grateful to everyone who supported him when he was battling TB, beginning with his father who is also a TB warrior. “I am forever grateful to everyone who supported me when I was sick beginning with my family. My dad who was a victim of TB years ago when I was a child. He always motivated me to take the medicine as prescribed and not to miss a dose. He encouraged me to put a reminder of the time I was expected to take the medicine,” Joshua says.

He is also grateful to doctors for diagnosing his ailment and offering him the moral support as well as free medicines through the NTLD-program.

I defeated TB so can you, Joshua Makanda

Joshua Makanda outside their house at Mukuru Kwa Rueben slum, Nairobi
Kenya holds the 5th Kenya International Scientific Lung Health Conference

Kenya held the 5th Kenya International Scientific Lung Health Conference from June 24 – 28, 2019 at Nairobi Hospital Convention Centre. The theme of the conference was “Business Unusual: Multisectoral Approach to Lung Health”.

The conference which brought together health care workers, program managers, clinicians, decision makers from the Ministries of Health, Health researchers, training institutions, students and diverse collaborating partners and experts from across East and Central Africa regions provided them a good opportunity to review and share best practices, research findings and identify key health policy issues in TB control and lung health as a whole.

Speaking during the conference’s opening ceremony, the Ministry of Health Cabinet Secretary, Mrs Sicily Kariuki noted that, “This conference theme resonates with Kenya’s aspiration to inspire county governments, development and implementing partners, civil society, as well patient communities to bring forth sustainable innovations and explore the adoption of practical solutions that promote lung health.”

To realize the END TB strategy the CS said there is a need to fast track research on quicker and affordable diagnosis, preventive vaccines, shorter treatment regimens and evaluations of best practices.

She reinstated the government’s commitment to mainstream TB interventions to Universal Health Coverage saying, “To mainstream TB interventions to UHC, His Excellency the President of Kenya committed to increase domestic resources to tackle TB last year. I am happy to report that, the cost of all first line medicines, microscopy tests and for the time GeneXpert cartridges are now fully financed by the government.”

Despite the political good will and the advanced progress made in TB prevention, treatment and care, TB still ranks as the 4th leading cause of death in Kenya with drug resistant TB being still a major health concern due to missed TB cases.

Tuberculosis Accelerated Response and Care II activity (TB ARC II) sponsored participants among them: 84 pediatricians, physicians and county coordinators to the conference as the discussions in lung held in the conference were important to get to see, track how to monitor, effectively treat or manage conditions like TB which may be live long conditions.

“As TB ARC II, one of the reasons for participating is to put our voice out there in terms of TB control and other lung health issues. It is important for us to sponsor the medical doctors and county coordinators to the conference these are the people we engage in the field. They are the opinion leaders out there in the county so getting firsthand information on lung health is important in channeling it out there,” Dr Brenda Mungai, Chief of Party, TB ARC II shared.

Among the discussions held in the conference was a discussion on Universal Health Coverage. The UHC discussion gave the sponsored delegates by TB ARC II a chance to voice their inputs and it acted as an important forum for the them because at the county level it is them who implement health care as part of devolution.

“As county representatives it was important for them to be a part of the forum and guide the discussion on UHC, how it can be done better from the county level and how we can have better quality care for TB patients in the counties to not only ensure we get all the cases but also have good outcomes,” Dr. Brenda added.

Contributing to the UHC discussion, Centre for Health Solutions - Kenya Chief Executive Officer, Dr Paul Wekesa called on the strengthening of health care systems for the realization of the achievement of the UHC.

The Kenya Association for the Prevention of Tuberculosis and Lung Diseases (KAPTLD) rebranded to Respiratory Society of Kenya (ReSoK) at the conference.

To mainstream TB interventions to UHC, His excellency the president of Kenya committed to increase domestic resources to tackle TB last year. I am happy to report that, the cost of all first line medicines, microscopy tests and for the time GeneXpert cartridges are now fully financed by the government.

Sicily Kariuki
CS, Ministry of Health.
Centre for Health Solutions - Kenya staff and the CEO, Dr Paul Wekesa (centre) at the 5th Kenya International Scientific Lung Health Conference held at The Nairobi Hospital Convention Centre 24-28 June, 2019

Rose Mburu and Elsie Kawira, CHS, explain the content of a TB awareness creation poster to a delegate of the Kenya International Scientific Lung Health Conference held at The Nairobi Hospital Convention Centre, June 24-28, 2019

Dr Teresiah Njoroge, TB ARC II Paediatric Advisor, engages delegates in a discussion at the TB ARC II booth set up during this year’s 47th Kenya Medical Association annual scientific conference at Lake Naivasha Resort, April 24 - 27, 2019
Eveline Kibuchi (left), Stop TB Partnership - Kenya with TB champions during their capacity building workshop at Olive Gardens Nairobi, June 6, 2019

Participants of the joint work planning from NTLD-Program, National TB Reference Lab, Stop TB Partnership - Kenya, AMREF Health Africa in Kenya, WHO Kenya, Clinton Health Access, KANCO, PS Kenya and TB ARC II at Ambosel Serena lodge, May 2019

Wandia Ikua, TB ARC II Monitoring and Evaluation Specialist, engages delegates of the Kenya Paediatric Association annual scientific conference 2019 in a discussion on the Extension for Community Healthcare Outcomes (ECHO) training conducted every Wednesday by TB ARC II

Eveline Kibuchi (left), Stop TB Partnership - Kenya with TB champions during their capacity building workshop at Olive Gardens Nairobi, June 6, 2019
Tuberculosis Accelerated Response and Care II activity (TB ARC II)

Goal

To reduce the incidence and number of deaths due to TB in Kenya.

Objective

This activity, implemented by Centre for Health Solution - Kenya, aims to improve TB case finding; improve access to high quality, patient-centered TB, DR-TB and TB/HIV services; prevent TB transmission and disease progression; strengthen TB service delivery platforms; and accelerate research and innovation with the ultimate goal of decreasing incidence, and TB related morbidity, and mortality in line with the 90-95-0 targets to End the TB epidemic.

If you have any feedback or comments on TB ARC II contact:
Dr Brenda Mungai | TB ARC II | Chief of Party | bmungai@chskenya.org

Center for Health Solutions - Kenya (CHS)

Center for Health Solutions - Kenya (CHS) is a local, indigenous Kenyan not-for-profit organization with in-depth understanding of the local context, utilizing local expertise as well as strategic partnerships to ensure the implementation of evidence informed solutions and interventions to existing and emerging public health concerns.

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