

TACKLING TUBERCULOSIS IN KENYA

A DECENTRALISED APPROACH TO CARE



With the help of international funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States Agency for International Development (USAID) and others, Kenya is planning to scale up its response to tuberculosis (TB) and multidrug-resistant tuberculosis (MDR TB) by 2017.¹ But although the political will to fight the disease is there, experts and policymakers recognise that MDR TB cannot be tackled in isolation.

RISING POLITICAL COMMITMENT

"In Kenya we've seen increasing political commitment," says Evaline Kibuchi, chief national co-ordinator at the Stop TB Partnership-Kenya, which was set up to tackle TB and other diseases caused by poverty at the national level. As an example, she points to the fact that Kenyan politicians were quick to participate in the Global TB Caucus – Mr Stephen Mule MP was elected as chairman of the Group - a network of parliamentarians dedicated to ending TB.² "Kenya was the country with the highest number of signatures immediately after the declaration was launched," says Ms Kibuchi, who is the co-ordinator of the African TB Caucus. "And when issues need to be addressed, they are quick to respond."

But despite progress on some fronts, major problems remain. Kenya ranks 15th among the 22 high TB burden countries in the world.³ The World Health Organisation (WHO) estimates that 2.2% of new TB cases have MDR TB,⁴ and among known TB patients about 2,500 are diagnosed with MDR TB each year, according to Mario Raviglione, director of the Global TB Programme at the WHO. Moreover, incidences are rising. In 2015 Kenya diagnosed 433 cases of MDR TB, an increase of 140 cases compared with 2014, according to data provided by Joseph Sitienei, head of the Division of National Strategic Public Health Programmes at the Kenyan Ministry of Health.

Low levels of productivity among workers with TB or MDR TB combine with the cost of care to impose a heavy economic burden on Kenya. The cost of controlling MDR TB is particularly high. "The country is draining resources," says Dr Sitienei. "It costs almost US\$2,000 to diagnose and treat an MDR TB patient, compared with US\$60 for drug-sensitive TB cases."

A major reason is the high level of poverty in Kenya, where 42% of the population live below the poverty line.⁵ "People are more vulnerable to getting TB and MDR TB because of lower immunity caused by poor nutrition," explains Ms Kibuchi.

¹ Kenya Accelerating Progress against HIV, TB and Malaria", Global Fund, September 15th 2015. Available at: http://www.theglobalfund.org/en/news/2015-09-15-Kenya_Accelerating_Progress_against_HIV_TBand_Malaria/

² "Latest news – Launch of the African TB Caucus", Global TB Caucus, July 18th 2016. Available at: <http://www.global-tbcaucus.org/#!Latest-news—Launch-of-the-African-TB-Caucus/avnky/57b442110cf21544b7ee1505>

³ National Tuberculosis, Leprosy and Lung Disease Program (NTLD-Program), Kenya Ministry of Health, *Annual Report 2014*, October 2015. Available at: <http://nltp.co.ke/wp-content/uploads/2016/05/NTLD-Program-Annual-Report-2014.pdf>

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POOR DRUG ADHERENCE

With poor regimen adherence a leading cause of drug resistance, the difficulty in ensuring that patients continue to take their proper doses is one of the reasons for the rising incidence of MDR TB in Kenya. According to Ms Kibuchi, "there's a lack of awareness among the general public about the need for drug adherence".

"Another challenge is that in the private sector, the treatment has not always been given according to national guidelines," notes Dr Sitienei. "So some patients have been exposed to insufficient doses of medicine."

However, compared with other countries in the region, Kenya has taken important steps to halt the spread of MDR TB. It introduced the molecular-based GeneXpert system in December 2010, following the endorsement of the test by the WHO, and is now expanding its use by revising the testing algorithm and increasing its stock of machines from 129 to 144 by July 2017, according to Dr Sitienei.

Meanwhile, from January 2017 Kenya's health ministry is introducing a new WHO-recommended drug regimen that shortens the treatment for MDR TB from two years to nine months.⁶ "This is a major new policy for the country," says Dr Sitienei.

DECENTRALISED CARE

When it comes to the organisational structures needed to tackle the disease, Kenya's policy of decentralising care has helped to control the spread of TB and MDR TB. According to Ms Kibuchi, the country has moved from a centralised system with treatment centres concentrated in major towns to one in which every county has a treatment site that is accessible from at least two or more counties.

In addition, Kenya has expanded the diagnosis and treatment of people infected with HIV. The country tests more than 95% of TB patients for HIV and gives antiretroviral therapy to more than 86% of those infected with both TB and HIV. In 2012, with support from the US President's Emergency Plan for AIDS Relief, Kenya piloted isoniazid, a drug which prevents TB among those living with HIV; it was rolled out nationally in 2015.⁷

Importantly, Kenya has introduced the concept of the one-stop-shop for HIV and TB patients. "If you have HIV and TB, you get everything with the same nurse and don't have to go to different places," explains Eliud Wandwalo, senior disease co-ordinator for tuberculosis at the Global Fund. "They were pioneers in establishing that, and it's really helped."

⁴ WHO, Kenya Tuberculosis Profile. Available at: https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO_HQ_Reports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=KE&LAN=EN&outtype=html

⁵ UNICEF, Kenya at a Glance. Available at: http://www.unicef.org/kenya/overview_4616.html

⁶ Notes sent by Joseph Sitienei; and "Cheaper treatment for drug-resistant TB", *The Star*, May 16th 2016. Available at: http://www.the-star.co.ke/news/2016/05/16/cheaper-treatment-for-drug-resistant-tb_c1350995

⁷ Isoniazid Preventative Therapy", NTLD-Program, May 26th 2016. Available at: <http://nltp.co.ke/1545-2>

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As a means of promoting drug adherence, Kenya has—thanks to funding from the Global Fund—introduced an innovative incentive system, whereby patients who adhere to their treatment are given food and money to cover the cost of transport to treatment centres.

Moreover, on October 1st 2016 Kenya became the first country in Africa to roll out the child-friendly treatment formulation developed by the TB Alliance and its partners.⁸ "It's a combination of all the TB drugs in one pill, which you dissolve in water, and it has a sweet taste, so it's palatable for a child," says Ms Kibuchi. She ascribes Kenya's swift introduction of the formulation to strong policy support. "Kenya has moved fast in laying out the structures and policies needed to be the first to do this. That's the result of political goodwill."

However, Ms Kibuchi highlights two areas that are still in need of greater investment: education and awareness-raising. She argues that to control the disease, people need to be able to recognise the symptoms and understand the importance of seeking immediate diagnosis and treatment. "What is required is really aggressive public education."

⁸ World's first child-friendly TB medicines in correct doses", WHO, December 2nd 2015. Available at: http://www.who.int/tb/features_archive/FDC_formulation_launch/en/; and "Kenya Becomes First Country to Introduce New Child-Friendly TB Medicines", TB Alliance, September 27th 2016. Available at: <http://www.tballiance.org/news/kenya-becomes-first-country-introduce-new-child-friendly-tb-medicines>