World Stop TB Day

Theme: "Actions for Life: towards a world free of tuberculosis"

Join Hands to Help Kenya Tame TB Monster

Turning Point in the Fight Against Killer

Word from the Director of Medical Services

Today is world Stop TB day. This day is commemorated on March 24 of every year in remembrance of a major event and a turning point in the fight against TB. It was on March 24, 1882 that Dr. Robert Koch announced to the world the discovery of the germ that causes TB.

Tuberculosis, then called the called the white plague, was ravaging Europe and the knowledge that the disease was caused by a bacterium raised hope that a cure could be found.

However, the first effective drug for TB, streptomycin did not come into being until about 60 years later. The significance of the streptomycin discovery led to the award of the Nobel Prize for medicine to the scientist who made this discovery, Dr. Salman Waksman.

In the ensuing years effective treatment for TB became available and improved socio-economic conditions became the norm in Europe and North America.

It appeared that TB was going to be confined to the annals of medical history. The tuberculosis situation however took a dramatic turn in the late eighties and by 1993 TB had remerged to be a global public health threat of such a great magnitude that the World Health Organization declared TB a global emergency. This situation persists to date. Currently it is estimated that a third of the world population is infected with the germ that causes TB and that eight million new TB cases leading to two million deaths occur every year world wide.

Dr. James Nyikal

Of the cases of TB that occur annually, 80 per cent are found in 22 countries with Kenya in position 12. The TB disease burden is most acute in Sub-Saharan Africa.

While other regions of the world are beginning to see a stabilization or decline in the TB disease burden, Africa continues to witness a rising burden and is responsible for the one per cent rise in the global TB disease burden that occurred in 2004. The major reason for the rising TB disease burden in Africa, Kenya included, is the concurrent HIV/Aids epidemic. Close collaboration between the HIV and TB control programmes is therefore essential.

The Ministry of Health estimates that about 200,000 people developed active TB disease last year. Unfortunately close to 50 per cent of these people were not picked up by the TB control programme either because the disease was not diagnosed or because they were treated in situations that did not permit this data to be collected. It is estimated that over 70, 000 people may have died of TB in 2005. These deaths were all preventable.

A new phenomenon that is causing concern is the emergence of mutli-drug resistant TB. Tuberculosis that cannot be cured using the commonly used first line drugs is said to be drug resistant. Of the types of drug resistance that occur the most important is the combined resistance to rifampicin and isoniazid, the two most potent drugs for the treatment of TB.

Multi-drug resistant TB is simply the result of non-adherence. This non adherence may occur at governmental level if a government does not put in place a robust TB control programme that cures a high proportion of the cases it finds. Fortunately this is not the case in Kenya.

The more common cause of emergence of drug resistance is non adherence by health care professionals and patients. When health care professionals do not prescribe effective drug regimens, they promote the emergence of drug resistant TB. Similarly, when patients with TB do not adhere to the treatment prescribed, they promote drug resistant TB.

The emerging burden of multi-drug resistant TB must be stopped. Several measures prevent it from becoming common are being put in place. The government is encouraging the inclusion of all health care providers, both public and private, in TB control. The drugs that are procured for use in the treatment of TB are sourced from manufacturers that are shown to be using good manufacturing practices and the products need to be on the WHO pre -qualified list.

All anti-TB drugs that are in use in Kenya are subjected to a quality assessment at the time they are received and also during random checks of these drugs that are in the various service delivery points.

The aim is to ensure that only high quality anti-TB drugs are in use in Kenya. In addition every effort is made to limit the outlets of anti-TB drugs to those that have been approved by the TB control programme of the Ministry of Health.

The other critical measure that needs further strengthening is the patient support to ensure that all patients who initiate treatment for TB complete this treatment.

These measures are not draconian. On the contrary, they are aimed at improving the rational use of this essential category of drugs that is very limited in the range of products available and in which loss of efficacy through development of drug resistance cannot be afforded.

To promote a country that is free of tuberculosis Kenya must guard against the emergence of multi-drug resistant TB. The actions required to prevent bad use of anti-TB drugs are actions for life and will move us safely toward a country that is truly free of this disease. We must all embrace these actions to save our country from the fierce tentacles of tuberculosis.

— Dr. James Nyikal,
Director of Medical Services

Access to DOTS Services Still Limited

Message from WHO Regional Director

The World TB day is an occasion to reflect on the continuing importance of TB in our region and to review our strategies to combat the epidemic. The theme for this year is *Actions for Life: Towards a world free of tuberculosis*. For the African region, the theme coincides with the declaration of TB as an emergency by Ministers of Health during the last Regional Committee held in Maputo, Mozambique in August 2005.

The TB epidemic in our region is indeed of emergency proportions. Approximately 2.4 million new TB cases and 500,000 deaths occur every year. With only 11 per cent of the world population, the region contributes over 25 per cent of the global TB burden. Latest available data shows that TB incidence in the region has been increasing by three per cent per year compared to a global average of one per cent. In southern and East Africa, the rate is four per cent due to the direct impact of HIV co-infection on TB incidence. The data also indicates that most countries in the region have not yet reached the World Health Assembly and Abuja targets of 70 per cent case detection and 85 per cent treatment success rate.

Dr. Luis Sambo,
WHO Regional Director

Many factors are responsible for the current situation. At political and operational level, TB has been accorded relatively low priority by countries with regard to resource allocation. Access to DOTS services is still limited. Participation of the private sector and community groups in the delivery of TB services is still low.

Public health delivery systems upon which TB services rely tend to be poorly distributed and malfunctional. In particular, laboratory networks and facilities for diagnosis are still highly centralized and lack trained staff and basic equipment. Scarce trained human resources for health exacerbate the already limited access to TB control services. Lastly, despite recent significant inflows of additional financial resources, many country programmes still have inadequate financial and material resources to deal with the worsening TB epidemic.

At epidemiological level, the HIV/Aids epidemic has become the most important risk factor for active TB. At the same time, access to HIV prevention, treatment and care interventions, including ARVs for dually infected patients is still very limited. The proportion of patients defaulting from treatment is also the highest among WHO regions.

Efforts are being taken to respond to the epidemic. To date, all countries in the African region have adopted the internationally recommended DOTS Strategy. Approximately 80 per cent of the population has access to DOTS services, especially through the public health sector. Case detection and treatment success rates have been increasing and global estimates indicate that even though incidence is increasing, the rate of increase has slowed down.

Despite these significant gains, the size and trend of the epidemic remains alarming. We must therefore intensify efforts to increase access to TB prevention, treatment and care services.

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Mrs. Charity Kaluki Ngilu

Message from the Minister for Health

Tuberculosis has emerged to be a major public health problem in Kenya. The number of TB cases has dramatically increased from about 10,000 cases in 1990 to over 105,000 cases in 2005. About 200,000 people are estimated to have suffered this disease last year. Sadly only about half of them were treated in circumstances that favor a good treatment outcome. The rest were either undiagnosed or were treated in situations where treatment outcomes may be less favorable. It is estimated that up 70,000 people may have died of TB last year.

As in the rest of sub-Saharan Africa the dramatic increase in the burden of TB in Kenya is attributed primarily to the concurrent HIV epidemic. The disease has implications for the socio-economic development of Kenya. Tuberculosis is a disease closely associated with poverty. The burden of TB disease is directly related to poverty while TB itself contributes to poverty creating a vicious cycle.

We must break this cycle of poverty and TB. Kenya was a signatory to the declaration of TB as an emergency in Africa that was made by African Health Ministers in Maputo last year. In recognition of the gravity of the tuberculosis epidemic in Africa it was the conviction of African Health Ministers that urgent and extraordinary actions need to be undertaken to address the worsening tuberculosis situation. In line with this declaration and in tandem with this year's World Stop TB Day theme, Kenya is taking specific action to promote life and make Kenya a country with communities that are free of TB. These actions are encapsulated in our TB control emergency plan which is being rolled out.

Our TB emergency plan is aimed at accelerating the pace of implementation of activities aimed at achieving internationally accepted TB control targets. This plan envisages a country with communities that have easy and equal access to quality TB diagnosis and treatment. Tuberculosis care services must be made available to all persons who need these services irrespective of gender, age geographic location, ethnic or socio-economic group. There must be universal access to TB services. Although the plan may appear ambitious it is the only way that Kenya will Stop TB. We are committed to this plan and we will be investing heavily in this plan to Stop TB. We will be guided by the principle of universal access to TB services that will enable this country to Stop the unwarranted deaths that TB is currently causing.

In order to achieve the TB control targets that we have set for ourselves we will need the support of everybody. The resources that we require to implement our emergency plan are enormous and we appreciate the difficulties that lie ahead in raising these resources. We are however confident that we will be able to bridge the resource gap. Both domestic and external resource will be mobilized to fund our emergency plan. We will need to build strong partnerships with all stakeholders to mobilize the resources required and to coordinate the massive effort that this plan envisages.

The challenges that lie ahead are enormous but so also are the benefits. I therefore implore all our partners to join hands with us to put in place the massive effort that will truly translate in Actions for Life and lead us towards a country that is truly free of tuberculosis.

— Charity Kaluki Ngilu,
Minister for Health