

The Challenges of TB Control in Africa:

UK Parliamentary Delegation to
Kenya

5 – 9 September 2005



RESULTS
the power to end hunger and poverty

Report on UK Parliamentary Delegation to Kenya 5 – 9 September 2005

Introduction: RESULTS and the 'ACTION' Project

RESULTS is an international citizens advocacy organisation working to generate the public and political will to end hunger and the worst aspects of poverty.

RESULTS UK is currently working on a tuberculosis (TB) advocacy project. 'ACTION' – Advocacy to Control TB Internationally – brings together RESULTS partners in the UK, USA, Canada and Japan alongside national governments and civil society in three high TB burden countries: India, Indonesia and Kenya.

RESULTS UK also works closely with experts from the World Health Organization's STOP TB Department, the leading technical provider of policies for the control of TB, the STOP TB Partnership, an independent organisation of over 400 partners engaged in accelerating the elimination of TB and the Massive Effort Campaign, a global non-profit organisation established to catalyse the emergence of social movement against AIDS, TB and malaria.

The ACTION Project was developed to address and reverse the global TB problem through policy analysis, education of policy makers and advocacy. The project's underlying premise is that more rapid progress can be made against the global TB epidemic by building increased support for TB among key policymakers in both donor and high TB burden countries in order to leverage needed additional resources and improved policies.

In 2005, the main focus of the ACTION Project in the UK has been the escalating TB epidemic in Africa. Africa has been high on the political agenda in the UK this year, demonstrated by the creation of a Commission for Africa and agenda of the G8 summit in Gleneagles. RESULTS UK has taken advantage of this strong interest in Africa to raise awareness among Members of Parliament of the TB emergency that continues to spread across the continent.

With the support of patient/activists, TB controllers and representatives from WHO, staff at RESULTS UK have already educated many British MPs about the global TB epidemic. By organising a Parliamentary delegation to Kenya, four of these MPs have now been given the opportunity to witness the realities of TB and the challenges of TB control in a high burden country firsthand.

Why Kenya?

Kenya currently ranks tenth out of twenty-two countries in the world with the highest TB burden. Kenya is failing to control TB largely as a result of HIV/AIDS and high poverty levels plus insufficient political will and resources to address the problem. The challenges faced by the National TB control programme in Kenya are representative of those faced in many other countries in Africa and the developing world.

Kenya is also one of three high burden countries where the ACTION project is working with national governments and civil society to overcome key policy constraints that impede successful and rapid expansion of TB treatment.

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Participants:

Four Members of Parliament were invited to take part in the delegation representing all three major political parties:

- John Barrett MP – Liberal Democrat (Edinburgh West)
- Andrew George MP – Liberal Democrat (St Ives and Isles of Scilly)
- Nick Herbert MP – Conservative (Arundel and South Downs)
- Julie Morgan MP – Labour (Cardiff North)

The delegation was organised and led by Sheila Davie (National Director) and Louise Holly (Project Manager) from RESULTS UK. Support was also provided in Kenya by Patrick Bertrand, Massive Effort Campaign and Becca Simon (formerly with RESULTS Educational Fund, USA).

Programme of Activities:

The purpose of the delegation was to give the participating Members of Parliament an opportunity to develop their knowledge of TB, its relationships with HIV and poverty and the main challenges experienced by countries like Kenya in eradicating TB. To achieve this objective, RESULTS UK designed a five-day programme of activities around site visits to a number of TB and TB/HIV programmes. Participants were also scheduled opportunities to discuss issues in more detail with health workers, NGOs and representatives from DFID Kenya and the Ministry of Health.

Outline of delegation itinerary:

Monday 5 September

Nairobi - Central & Eastleigh
Kisumu

Tuesday 6 September

Nyanza Province: Kisii,
Oyugis & Rachuonyo

Wednesday 7 September

Nairobi - Kibera & Central

Thursday 8 September

Eldoret

Friday 9 September

Nairobi - Central



Map of Kenya highlighting areas visited during delegation

Tuberculosis (TB) in Kenya

Summary of presentation given by National TB and Leprosy Programme,
September 2005

TB disease burden in Kenya

- TB case notification rate: 320/100,000 population
- Kenya has seen a **nine-fold increase** in TB cases since the early 1990s
- Average annual increase: 16%
- Over 60% of TB patients are believed to be co-infected with **HIV**

Objectives of TB control activities

- To achieve the Millennium Development Goals target to halve TB prevalence and death rates by 2015
- To find more cases and meet the World Health Organization target to detect 70% of infectious TB cases by 2005
- To successfully treat *all* identified cases exceeding the WHO target to cure 85% of cases detected by 2005

...Kenya is currently not on target to meet these 2005 targets...

Implications of low case detection

The NTLP estimates that it is only detecting **50%** of TB cases in Kenya. The implications of this include:

- Increasing transmission of TB – each person with active TB can go on to infect a further 15 people each year
- Absenteeism from work and negative economic impacts on households due to ill health
- Death: 84,000 people may have died unnecessarily from TB in 2004

What is needed

An escalating burden of TB demands an escalated response if the NTLP is to meet its targets:

- Greater **autonomy** of the NTLP: decentralisation of services to improve access to TB treatment
- Greater **community** education and empowerment about how to treat and control TB
- Greater **collaboration** with HIV control programme and activities
- Improved TB control in congregate populations e.g. urban slums and prisons
- Improved access to treatment for nomadic/pastoral communities
- Prevention of TB transmission in health care settings
- More investment in **advocacy**, communication and social mobilization
- More **research** to define what works best
- **Human resources**: there are an “inadequate number of people with the right skills and motivation in the right place at the right time for TB control”
- Better **physical infrastructure** e.g. buildings and equipment
- More **money**: the estimated total need for TB control in Kenya in 2005 is \$29,336,000.

The estimated funding **gap** is \$15,632,000 – more than **50%** of the total need

Day 1: Monday 5 September – Nairobi

Following a preliminary introduction and briefing session on Sunday evening, the programme of activities officially began on Monday morning with a meeting at the office of the **National TB and Leprosy Programme** (NTLP), housed in the National AIDS and STD Control Programme (NAS COP) building, Kenyatta National Hospital, Nairobi.

The delegation was met by Dr Jeremiah Chakaya – Head, NTLP – and given a short tour of the NTLP offices. A presentation on TB in Kenya was then given by Dr Chakaya, Victor Ombeka, Provincial TB/Leprosy Co-ordinator (Nairobi Province) and Paul Malusi, Head of Data Management. This presentation provided essential background information on the scale of the TB epidemic in Kenya, the reasons for the large TB burden and the barriers to successful control activities.



Dr Chakaya, John Barrett, Julie Morgan, Sheila Davie, Louise Holly, Andrew George, Nick Herbert & Victor Ombeka outside NAS COP building.

Immediately following the presentation, Victor Ombeka invited the delegation to accompany him on a site visit to a TB clinic in an impoverished area of Nairobi's Eastleigh District (see map on page 5).

Site visit 1: Eastleigh Health Centre

- One of 105 TB centres in the district, the purpose of the clinic is to provide TB treatment for a population of approximately 250,000 people of which at least 1,000 are believed to be suffering from TB.
- At present however, only 356 patients are regularly visiting the clinic to receive treatment.
- TB drugs are dispensed to 80 patients every Monday who are in the intensive phase of treatment and a further 60 patients in later stages of treatment on other days of the week.
- The majority of inhabitants in the Eastleigh district are Kenyan Somalis and refugees from Somalia. High rates of population movement and migration out of the district

contribute to over 10% of patients defaulting on treatment. Half of this number cannot be accounted for.

- HIV testing is also offered to pregnant women (a Mother and Child clinic is housed next to TB clinic).
- The TB clinic – in fact a single room – was found to be in an extremely poor condition. A more spacious and better equipped building was available across the street but staff informed the delegation that they had been waiting eight years for the city council to connect water and electricity.



Map of greater Nairobi

On Monday afternoon, the delegation attended a meeting at **DFID Kenya**. Present at the meeting were Simon Bland, Head of DFID Kenya; Marilyn McDonagh, Health Adviser; John Ndubi, Communication and Programme Officer and Adam Wood, the recently appointed British High Commissioner.

A presentation given on DFID Kenya's health and HIV/AIDS programme highlighted a variety of issues:

- An alarming trend away from a number of Millennium Development Goals (MDGs) relating to infant, child and maternal mortality.
- Despite a negative trend, Kenya is still perceived to be doing better than neighbouring countries such as Uganda and Tanzania since it "started from better position".
- There is a considerable regional variation of disease burden in Kenya. Nyanza province has the highest poverty levels and prevalence of malaria and HIV.
- The total budget of DFID Kenya for 2005-6 is £50million. 50% of this budget is allocated for health, 25% for education and 25% on long-term programmes such as working with the Kenyan Government on strategic planning.
- The majority of health money (58%) is spent on malaria programmes and a further 33% is spent on HIV/AIDS.
- At present, DFID Kenya does not consider TB to be a priority which was reflected in the omission of TB from the presentation given.
- DFID Kenya works on TB indirectly by funding a small number of HIV/TB collaborative programmes being ran by Merlin and also through health sector-wide support, systems strengthening etc. It was estimated that around \$200,000 (£115,000) was being spent on TB.

Following the meeting at DFID Kenya, the delegation took a flight to Kisumu, the capital of Nyanza province. Marilyn McDonagh accompanied the delegation to Kisumu and hosted dinner at which the Members of Parliament and RESULTS staff were introduced to Dr James Gesame, Provincial Medical Officer (PMO) for Nyanza. Guests at dinner also included representatives from the Ministry of Health, National AIDS/STI Control Programme (NAS COP), Merlin, Mildmay International and Population Services International (PSI).

Not on the agenda...?

Nyanza province, in addition to having Kenya's highest HIV and malaria burden, is also the region with the second highest incidence of TB (the first being Nairobi).

Despite this fact, members of the delegation made an observation that TB was totally absent from all speeches made at dinner in Kisumu. In private conversations, no-one could deny that TB was a major problem in Nyanza and Kenya as a whole. Unlike HIV/AIDS and malaria, TB is not yet part of policymakers' rhetoric when talking about major public health issues in Kenya.

Day 2: Tuesday 6 September – Nyanza Province

The second day of the delegation was spent in the province of Nyanza, bordering Lake Victoria in southwest Kenya. Morning activities were organised for the delegation by Merlin – a UK charity specialising in health care and medical relief for vulnerable people. Activities in the afternoon were organised by Mildmay International – a non-denominational Christian organisation with a mission to improve the quality of life of people living with HIV/AIDS (PLWHAs).

Site visit 2: Kisii District Hospital

Kisii District Hospital is one of the busiest hospitals in the Nyanza province where TB and HIV prevalence are both extremely high. It serves a population of over 500,000. Like most health facilities in Kenya, the hospital suffers from a lack of capacity and resources. As a result, the hospital frequently experiences over 100% bed occupancy with patients finding themselves sharing beds or sleeping on the floor. The delegation witnessed long queues of people inside the hospital waiting to be treated or waiting outside the gates to collect dead relatives.



Andrew George, Nick Herbert and John Barrett visiting one of the general wards in Kisii District Hospital

Following a tour of the wards, TB clinic and HIV facilities in Kisii District Hospital, presentations were given by Dominic O Nguka, District TB and Leprosy Co-ordinator and Dr Kazuko Kumon, Medical Co-ordinator for Merlin Kenya:

TB and HIV in Kisii Central District:

- HIV prevalence in the district is 7% - slightly higher than the national average of 6.7% but lower than the 14% - the average for Nyanza province.
- TB is one of the most common causes of death in people living with HIV/AIDS (PLWHAs). Approximately 60% of PLWHAs die from TB.
- In Kisii District the number of TB cases has more than doubled since 2001: according to hospital records in Kisii, the number of TB cases has increased from 2,364 in 2001 to 5,435 in 2003.
- The number of TB cases registered continues to increase annually (as result of increasing number of cases *and* better detection rates).
- The main **challenges** to TB/HIV control in Kisii were identified as:
 - inadequate staffing and shortage of adequately trained staff
 - inadequate space and poor facilities for testing
 - long distance between TB clinic to patient support centre (PSC) makes co-ordination of services difficult
 - difficulty in tracing patients who default treatment

Merlin activities in Kisii on HIV/AIDS and TB:

- Merlin's HIV/TB programme in three districts around the town of Kisii is a pilot programme that aims to develop a collaborative approach to controlling TB and HIV/AIDS.
- The programme is being implemented with the co-operation of the Kenyan Government and with the financial support of DFID.
- The main focuses of the collaboration have been:
 - (1) building the capacity of existing health facilities;
 - (2) supporting health facilities service provision of new health facilities e.g. Voluntary Counselling and Testing (VCT), patient support centres, TB clinic and laboratory etc;
 - (3) community capacity building (e.g. advocacy, community based activities);
 - (4) strengthening referral and co-ordination systems between TB and HIV i.e. encouraging patients with TB to be tested for HIV and vice versa.
 - (5) strengthening co-ordination between health facilities and the community.
- So far, Merlin has trained 18 clinicians at Kisii District Hospital on Diagnostic Testing and Counselling (DCT) to enable them to provide HIV testing to symptomatic TB patients identified in the TB clinic or other clinics/wards.
- Merlin have also established a patient support centre for those diagnosed as HIV positive providing antiretroviral treatment (ART), opportunistic infection treatment, nutritional advice and continuous counselling.
- Merlin is also supporting TB clinic in the hospital with necessary materials.

Site visit 3: Matieko Community Group

The Matieko Community Group is comprised of a group of 30 local volunteers. It is one of seven Community Based Groups (CBOs) that Merlin works with in the Kisii District. The group initially focused only on malaria control activities but with the support of Merlin, now has expanded its community activities to include the implementation of TB and HIV/AIDS initiatives. Working closely with the Ministry of Health, Merlin has trained

the Matieko Group on HIV/AIDS, TB and malaria control. 18 members of the group have also been trained on Home Based Care. The group's activities include:

- education and counselling of community members on HIV/AIDS and TB
- provision of insecticide-treated nets (ITNs) and indoor residual sprays (IRS)
- referral of needy cases to relevant service providers
- provision of Home Based Care to bed ridden patients

The delegation was warmly welcomed by the Matieko Community Group and other members of the community. The group sang songs and gave presentations on their work. Three women living with HIV were invited to give moving personal testimonies, sharing their experiences of how the Matieko Group had helped and supported them. Each recalled how lack of money and education about her condition had prevented her from obtaining the medication and basic nutrients that she required to stay healthy. The psycho-social and medical assistance that the community group provided gave the women hope the strength to continue providing for their families and a new hope for the future.

A demonstration was given of a typical home based care kit (a box full of basic medicines and supplies such as pain killers and dehydration salts) and how it is used to help members of the community. The delegation was then given a short tour of a simple structure where ITNs, sprays, condoms and other supplies for the community are stored. ITNs are sold at a very small cost to enable to group to generate income and further sustain their activities.

The guests were invited to lunch and entertained with examples of folk media, - songs, poems and dances - methods

used to educate communities about AIDS, TB and malaria.



ITN's, indoor residual sprays and condoms

Site visit 4: Rachuonyo District Hospital

Rachuonyo is one of 12 districts in Nyanza province with a population of approximately 350,000. The district has an extremely high disease burden:

- TB rates are increasing annually. 1000 *new* cases had been registered in the first half of 2005.
- More than 80% of TB patients are co-infected with HIV.
- HIV prevalence is currently 25% of which 10-15% are in need of ARVs.
- Malaria is endemic, accounting for 40-45% of all out-patient attendances.

Staff from Mildmay International and Rachuonyo District Hospital gave the delegation a tour of the hospital and its facilities. As in Kisii, the hospital was found to be understaffed and clearly lacking in resources. Mildmay International is currently supporting the work of the Ministry of Health in Rachuonyo to manage and reverse the disease burden in the region and to increase the capacity of health facilities by supporting and promoting **Home Based Care** (HBC) programmes for people living with HIV/AIDS (PLWHAs).

It was explained that a high proportion of patients who visit the hospital are suffering with HIV-related conditions. Care of PLWHAs and their families can be given in their own homes under the supervision of qualified health workers. HBC programmes provide a more comfortable and familiar environment for patients and relieve the overwhelming workload of hospitals like Rachuonyo District Hospital.



Julie Morgan MP visiting a ward in Rachuonyo District Hospital

The HBC programme being ran by Mildmay since June 2004 currently has over 4000 clients under its care. 32 health care workers have been trained and distributed throughout the district at all levels. In addition, 133 community health workers have been trained to provide social, spiritual and nutritional support.

Site visit 5: Oyugis Integrated Project for PLWHA

The final site visit of the day was a short visit to the Oyugis Integrated Project, the initiative of a local CBO implementing a variety of interventions and that works closely with the Mildmay-supported HBC programme in Rachuonyo District Hospital. The project beneficiaries are disadvantaged community members in one of the divisions of Rachuonyo District and include orphans & vulnerable children (OVC), widows/widowers, the aged and three groups of PLWHA (including youths).

Project activities include a weekly meeting of PLWHA who meet to share experiences, pray, work and eat together as part of therapy. Other activities comprise of the provision of home-based care, awareness campaigns and income-generating activities (e.g. basket-making).

The delegation was welcomed by a large group of community members, the majority of whom were HIV positive. A presentation on the work of the Oyugis Integrated Project was given by Balthazar Musyoki, Project Co-ordinator and was followed by three songs performed by groups of PLWHAs.

RESULTS UK Monthly Conference Call

Back in Nairobi, John Barrett, Andrew George, Nick Herbert and Julie Morgan were the special guests on a RESULTS UK Monthly Conference call. Linked by telephone to 60 grassroots advocates in the UK, the MPs shared their experiences of the delegation so far and answered advocates' questions about the realities of TB, HIV and TB control in Kenya. To link in with the UN Millennium Summit that was to take place the following week, questions were also answered on the progress being made in Kenya towards Millennium Development Goals.

Day 3: Wednesday 7 September – Nairobi

Live interview on Radio KBC

Julie Morgan and John Barrett took part in a live studio interview for Radio KBC in Nairobi. They discussed their reasons for taking part in the delegation and impressions of the health situation in Kenya.

Site visit 6: Kibera Community Based Health Project

Following a day in Nyanza looking at TB and HIV control efforts in a largely rural environment, the third day of the delegation focused on the efforts of an NGO to tackle TB/HIV in an urban setting.

The African Medical and Research Foundation (AMREF) is Africa's largest indigenous health organisation with a mission to improve the health of disadvantaged people as a means for them to escape poverty and improve the quality of their lives. The delegation was invited to the AMREF Kenya Country Office in Nairobi to meet with Mette Kjaer, Country Director, AMREF Kenya who provided the group with background information on AMREF's work in Kenya and the Kibera Community Based Health Care (CBHC) project that AMREF had arranged for the delegation to visit later that morning.



View of Kibera

Kibera is situated in southwest Nairobi and is one of the largest slums in Africa with an estimated population of 1 million. The slum is not officially recognised by the Kenyan Government and therefore receives no basic municipal services e.g. water, sanitation, drainage, lighting, rubbish collection or health facilities. High levels of poverty are one cause of equally high rates of disease.

The Kibera Community Based Health Care (CBHC) project was started in 1998 to improve the health status of the 50,000 residents of Kibera Laini Saba (an area of Kibera) through community based primary health care functioning from a health clinic. A general strategy of the project is to encourage community ownership and participation in partnership with the Ministry of Health which it is hoped will eventually take-over long term support of the area.

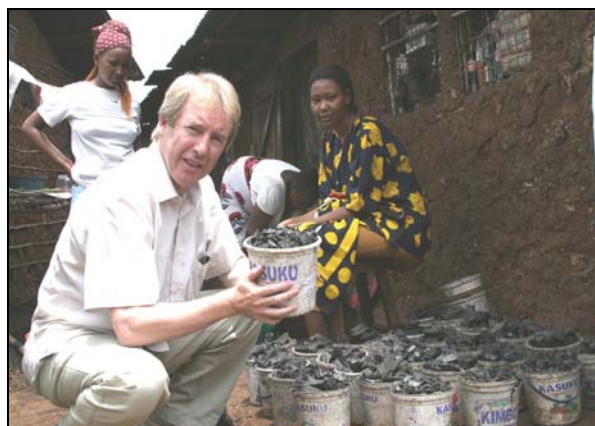
Kibera Community Health Centre is focal point of CBHC project. In addition to the health centre the project has provided:

- water points
- environmental sanitation
- training of health and community workers
- Voluntary Counselling and Testing
- free ARVs for all residents
- TB programme – supporting NTLP to improve case findings and treatment
- Microfinance – providing small loans to business people.

Health Clinic staff, led by Sakwa Mwangala, gave the delegation a tour of the Kibera Community Health Clinic including visits to the TB clinic, TB laboratory, VCT clinic. They were then led on a tour of the Laini Saba community.



Nick Herbert MP



John Barrett MP



Andrew George MP



Julie Morgan MP

Press briefing

To coincide with the end of the Replenishment Conference of the Global Fund to Fight AIDS, TB and malaria on 7 September, a press briefing was held at the New Stanley Hotel, Nairobi.

31 journalists representing both the national and international press attended the press briefing generating significant media coverage of the Parliamentary delegation in Kenya.



Speakers at press briefing:

- John Barrett MP
- Julie Morgan MP
- Nick Herbert MP
- Andrew George MP
- Lucy Chesire – TB/HIV patient activist
- James Kamau – HIV Activist and Co-ordinator, Kenya Treatment Access Movement
- Chair: Sheila Davie – National Director, RESULTS UK

Evening Reception

On Wednesday evening the delegation attended a high-level reception organised in honour of their visit to Kenya. The evening was hosted by Simon Bland, Head of DFID Kenya. Among those present were Adam Wood, the British High Commissioner; Tom Mboya Okeyo, Ministry of Health; Gabrielle Appleford, Regional Country Director, Merlin; Mette Kjaer, AMREF Kenya; representatives from the National AIDS Control Council, UNAIDS and UNICEF.

Day 4: Thursday 8 September – Eldoret

Site visit 7: Moi Teaching and Referral Hospital

Early on Thursday morning, the delegation flew to the town of Eldoret to visit the Moi Teaching and Referral Hospital. The hospital is a leading research and teaching institution and the second referral hospital in Kenya (after Kenyatta National Hospital in Nairobi) with a catchment area totalling 40% of the population of Kenya. The purpose of the visit was to showcase a facility that is leading the way in the successful collaboration of TB and HIV control.

Acting Director of Moi Teaching and Referral Hospital, Dr Sijenji Nyabundi began the morning with a presentation on the hospital's TB programme and then led a tour, accompanied by many other members of staff, of the TB clinic, Diagnostic Testing and Counselling (DCT) centre and TB laboratory.

The delegation was also shown around three general wards – one male, one female and the children's ward. In the men's ward 10 out of 47 patients were suffering with TB. 3 children out of 36 had also been diagnosed with TB. Despite the highly infectious nature of the disease, the hospital did not have sufficient resources to isolate TB patients from other vulnerable patients with weak immune systems. The tour of the wards revealed that even top public hospitals in Kenya are greatly lacking in infrastructure and adequate facilities.



Members of the delegation with staff at Moi Teaching and Referral Hospital

The Moi Teaching and Referral Hospital runs two programmes: AMPATH (Academic Model for Prevention and Treatment of HIV/AIDS) for HIV positive patients and FIDELIS (Fund for Innovative DOTS Expansion through Local Initiatives to Stop TB) for TB patients. The FIDELIS programme involves increasing TB detection and cure rates by actively going into the community to find people who are showing symptoms of TB (i.e. persistent coughing) but who do not realise that this may reflect a serious illness. By finding patients earlier, the spread of TB to the general community will be reduced.

TB/HIV co-infection has become a major challenge for both the AMPATH and FIDELIS programmes. As a result, both programmes work closely together to ensure comprehensive care for all patients. 100% of TB patients are offered HIV testing and vice versa.

Site visit 8: AMPATH Programme

Dr Sylvester Kimaiyo, Director of HIV Services continued the tour by showing the delegation the recently constructed AMPATH wing. The AMPATH centre, now one of the largest HIV/AIDS research centres in Africa, provides the hospital with additional facilities for research and the treatment of HIV/AIDS as well as extra resources for the training of clinicians in HIV/AIDS care.

The AMPATH programme, started in November 2001 with funding from private donors, is one of Kenya's most comprehensive initiatives to combat HIV and a prime model of both urban and rural HIV preventative and treatment services in the public sector. AMPATH provides medical care for more than 14,000 HIV positive adults and children with nearly half on ARVs. Every patient receives a basic history and physical examination and access to prophylaxis for selected opportunistic infections, mainly tuberculosis and pneumonia. As incremental increases in funding became available, the sicker patients are given priority for ARVs.

Approximately 20% of HIV-infected patients who attend AMPATH clinics suffer from malnutrition and lack access to sufficient food to support their recovery even with access to ARVs. Early on, AMPATH recognised the need to provide food along with antiretrovirals for these vulnerable patients and their children as an integral component of care. AMPATH developed a 10 acre farm dedicated to feeding its patients in greatest need. The resulting programme, known as the HAART and Harvest Initiative produces an abundance of food and has become a training centre for local farmers and HIV patients preparing to return to farming and food security.

Site visit 9: Eldoret District Hospital

Just a few metres down the road from the Moi Teaching and Referral Hospital is located the Eldoret District Hospital. After visiting the modern and well-equipped AMPATH building, the contrast in the conditions and resources within the District Hospital – typical of the vast majority of public health facilities in Kenya – was immediately obvious.

The Eldoret District Hospital presently serves a population of approximately 700,000 and treats more than 3,000 cases of TB. It has only achieved a cure rate of 67% because lack of capacity prevents staff from ensuring all patients complete treatment. Alarming, the hospital reported that it had recently identified 3 cases of Multi-Drug Resistant TB (MDR-TB) but they do not have the drugs to treat them. The drugs to treat MDR-TB cost many times more than those for 'normal' TB preventing health facilities such as the Eldoret District Hospital from obtaining the drugs needed to save their patients.

Site visit 10: FIDELIS TB site

The final site visit of the delegation was to a FIDELIS programme TB site located in the Langas slum area outside Eldoret. The site was little more than a small room provided by a church on outskirts of the slum. The delegation was introduced to a volunteer community worker who provides TB treatment and treatment for other illnesses at no cost to local residents.

Day 5: Friday 9 September – Nairobi

Meeting at Ministry of Health

Throughout the course of the delegation, the effectiveness and commitment of the Ministry of Health in tackling the TB epidemic in Kenya had been questioned by various parties. In order to hear the other side of the story, frequent requests were made by the UK Members of Parliament to meet with the Kenyan Minister of Health. Unfortunately, the Minister of Health, Hon. Charity Ngilu, was unable to meet with the MPs but other representatives of the Ministry agreed to meet with Andrew George and Nick Herbert on Friday afternoon (John Barrett and Julie Morgan had already returned to the UK).

Present at the meeting in Afya House were Hon. Dr Mohammed Abdi Kuti, MP (Assistant Minister for Public Health); Hon. Gideon S Konchella, MP (Assistant Minister of Health); Dr. Tom Mboya Okeyo (Head, Department of Standards & Regulatory Services, Coordinator, European Commission Health projects and Global Fund, Kenya Programme) and Mr Patrick S. Khaemba (Permanent Secretary for Health). Representatives from Crown Agents and Ernst and Young were also invited to give presentations on the procurement of drugs and distribution of money granted to Kenya by the Global Fund.

The main topics of discussion at the meeting were:

- the Government's response to the recent declaration of a TB emergency in Africa
- the charge that the Ministry of Finance has been delaying the disbursement of money from the Global Fund to Fight AIDS, TB and malaria
- the health worker shortage and migration of Kenyan doctors and nurses to the West
- the alleged caps on human resource spending imposed by the IMF

The overall conclusion of the meeting was that the Ministry of Health were not prepared to accept full responsibility for the rapidly escalating rates of TB and HIV in their country. Whilst admitting that there were numerous internal challenges to overcome, blame was frequently pointed at the systems and requirements of multilateral organisations such as the Global Fund and IMF which, it was argued, have led to the need for complex administrative and auditing structures to be put in place before money can be disbursed. The UK MPs were assured that these structures had now been put in place and that money would start to flow more quickly to the rightful recipients.

The meeting ended with the Permanent Secretary recognising that Kenya needed a healthy workforce to unlock its potential, to "release the energies of the people" and to meet the Millennium Development Goals. The representatives from the Ministry of Health asked that the UK MPs took efforts already made to tackle TB and other diseases of poverty as proof of their good intentions and moves in the right direction.

Conclusions and action to be taken:

At each stage of the delegation, the same barriers to successful TB control in Kenya were cited:

- Lack of money – only 50% of funding need met
- Delays in money granted by multilateral organisations reaching the ground
- Prolonged decision-making and complicated bureaucracy caused by centralisation of government and health systems
- Shortage of qualified staff to deliver TB treatment to the whole population
- Inadequate infrastructure and equipment
- Lack of awareness among communities about how to identify TB and how to seek treatment
- TB not being prioritised by the Kenyan Government, Ministry of Health or certain bilateral donors

In spite of these many challenges, all members of the delegation were impressed and inspired by the incredible work being done on the ground by health workers, community workers and NGOs. Their hard work, dedication and determination gave hope that, with sufficient political and financial backing, targets to halt and reverse the spread of TB, HIV and other diseases could be met.

To support the work of the NTLP in Kenya, RESULTS UK has resolved to take the following actions:

- To work with the wider TB community to help ensure that TB is given greater priority by African governments
- To work with UK Members of Parliament to ensure the TB emergency in Africa is kept high on the agenda of the UK Department of International Development
- To request, along with the MPs who took part in the delegation, a meeting with Hilary Benn, Secretary of State for International Development to brief him on the findings of the UK delegation to Kenya
- To call for greater financial support from DFID, African Governments and multilateral organisations to close TB funding gaps such as that experienced by the Kenyan NTLP
- To monitor the progress of the Kenyan Ministry of Health in the disbursement of money from the Global Fund
- To support the work of RESULTS UK's partners and civil society in Kenya to develop strong advocacy and communication tools

"From what we have seen systems are working, we have seen some tremendous work and wonderful people and I think it would be relatively easy to make sure that TB was included in those systems. So I think there is a huge job to do in terms of raising TB as an issue at home and with DFID generally. The visit so far has just been so worthwhile in terms of making parliamentarians aware of what's happening here."

Julie Morgan MP, 6 September 2005

Report produced by RESULTS UK, October 2005

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Staff, volunteers and patients at:

Eastleigh TB clinic
Kisii District Hospital
Matieko Community Group
Rachuonyo District Hospital
Oyguis Integrated Project
Kibera Community Health Centre
Moi Teaching and Referral Hospital
AMPATH Project
FIDELIS TB Project
Eldoret District Hospital

and the many other individuals met that have not been mentioned by name.

Picture credits:

Pages 5, 9 and 13: RESULTS UK/Louise Holly

Pages 6 and 11: Kenya Water for Health Organisation

Pages 7, 10 & 12 (pictures 1 & 3): RESULTS UK/Sheila Davie

Page 12 (pictures 2, 4 & 5): AMREF