REPUBLIC OF KENYA

MINISTRY OF HEALTH

STATEMENT BY THE HEAD OF DEPARTMENT OF PREVENTIVE AND PROMOTIVE HEALTH: DR PETER CHERUTICH

DURING THE ADVOCACY AND DISSEMINATION OF TUBERCULOSIS (TB) ISOLATION POLICY STAKEHOLDERS BREAKFASK MEETING, SILVER SPRINGS HOTEL, NAIROBI

25TH JUNE 2018

All Protocols Observed,

Ladies and Gentlemen, it gives me great pleasure to see you all here today in this stakeholders breakfast meeting on advocacy and dissemination of the TB isolation policy. Today marks the beginning of the much needed advocacy activities for realization of better facilities for isolation of TB patient who interrupt anti TB medication or those who cannot be treated ambulatory or in community based model due to their infectious nature and require isolation. The policy document that we are disseminating today and advocating for the adoption by all health care providers has been developed by the Ministry of Health

through the National TB program in conjunction with partners. I wish to thank all who participated in putting together this document.

Ladies and Gentlemen, Tuberculosis still remains a public health concerns globally and nationally, TB affects nearly 10.4 million people globally and causes nearly one-and-a-half million deaths each year. In 2017, Kenya reported and treated 85,188 TB patients, among them 7,771 children, making Kenya one of the countries with the highest burden of the disease.

Results of a recent national TB prevalence survey suggested that each year, about 40% of the TB cases in this country go undetected and

untreated. This showed that we have more TB cases than what is estimated, and that most of the affected population groups are young people particularly men and the elderly.

Ladies and Gentlemen, the number of Drug resist TB have been on increase over the years, as of 2017, there were 577 MDR TB case reported and are currently on treatment. The cause of this upsurge has been attributed to poor adhere to first line anti TB treatment, patients interrupting treatment, health care worker knowledge gap among other factors. It was noted in 2017 that out total cases notified, 5% interrupted treatment or were lost to follow up, this is a major public

health concern. The untreated TB patients and those who interrupt treatment constitute a source infection and those who fail to adhere to treatment end up as MDR TB patients which will require longer period and expensive treatment.

Ladies and Gentlemen, Apart from implementation of TB infection Prevention and Control measures, treatment of those with active TB of the lungs is key in preventing the spread of the TB bacilli. The Public Health Act CAP 242, section 17 classify TB as notifiable infectious disease and under section 26 as part of prevention and control of infectious diseases, those exposed or suffer from the notifiable infectious diseases should be isolated in designated place and

detained while taking medication until in the assessment of the Medical officer of health confirm that the person is free from infection or able to be discharged without danger to public health. Previous the TB patients who refused to take medication by the order of the magistrates were being confined in prison while under taking their treatment. TB patients were being confined in prison and not in the health facilities.

The High Court of Kenya, however on 24th March 2016 annulled the detention in prisons of patients who default on anti-TB medication. Due to this, the court gave directive to the Ministry of Health to issue a

circular on confining of infectious patients in health facilities other than prisons. In order to comply with this directive, has since issued the circular and developed TB Isolation which we are her today to disseminate and operationalize.

Ladies and Gentlemen, The isolation policy outline the procedures to be followed in isolation and admission of TB patients who interrupt TB treatment and refusing to take anti-TB medicine. TB isolation policy offered two type of isolation, voluntary and involuntary isolation. In both, the isolation of TB patient will follow the laid down procedures as well as promoting human right and protecting the dignity of the patient and also protecting the public from the infectious disease.

Ladies and Gentlemen,

As we advocate for better isolation and admission facilities in all our counties and sub county health facilities, I call upon our development partners to continue their support toward this end. I ask all county government to adopt the TB isolation policy and start advocating for resources to construct and equip isolation facilities for TB and other infectious diseases in their respective counties. I also urge all the key players in TB prevention, treatment and care to intensify their efforts in education the public on the facts on TB disease. The public education should target need to change the practice in health seeking

behaviour, treatment adhere and reduction of stigma. I urge all Kenyans to support us in efforts ensuring that those on treatment complete their medication. If we all play our roles as leaders, we shall overcome this public health threat and thus achieve a TB free generation.

In closing, *Tuberculosis is preventable, treatable and curable*. Let us all join hands to MULIKA TB! MALIZA TB! Ni jukumu langu na lako pia.

I wish therefore now to launch the TB isolation policy first edition 2018.

Asanteni Sana.