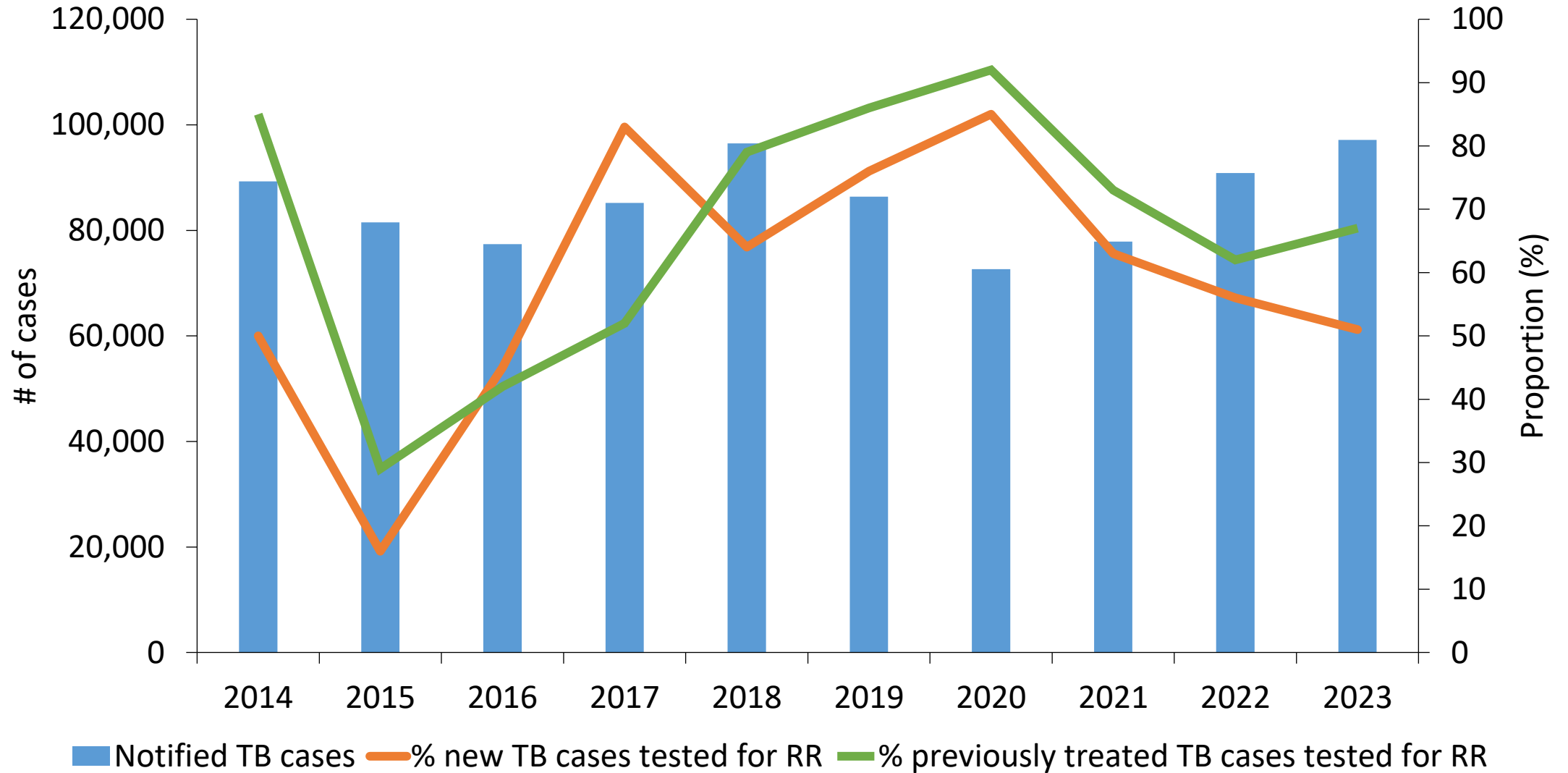


Follow up on rolling out BPaL(M) MDR TB regimen Kenya

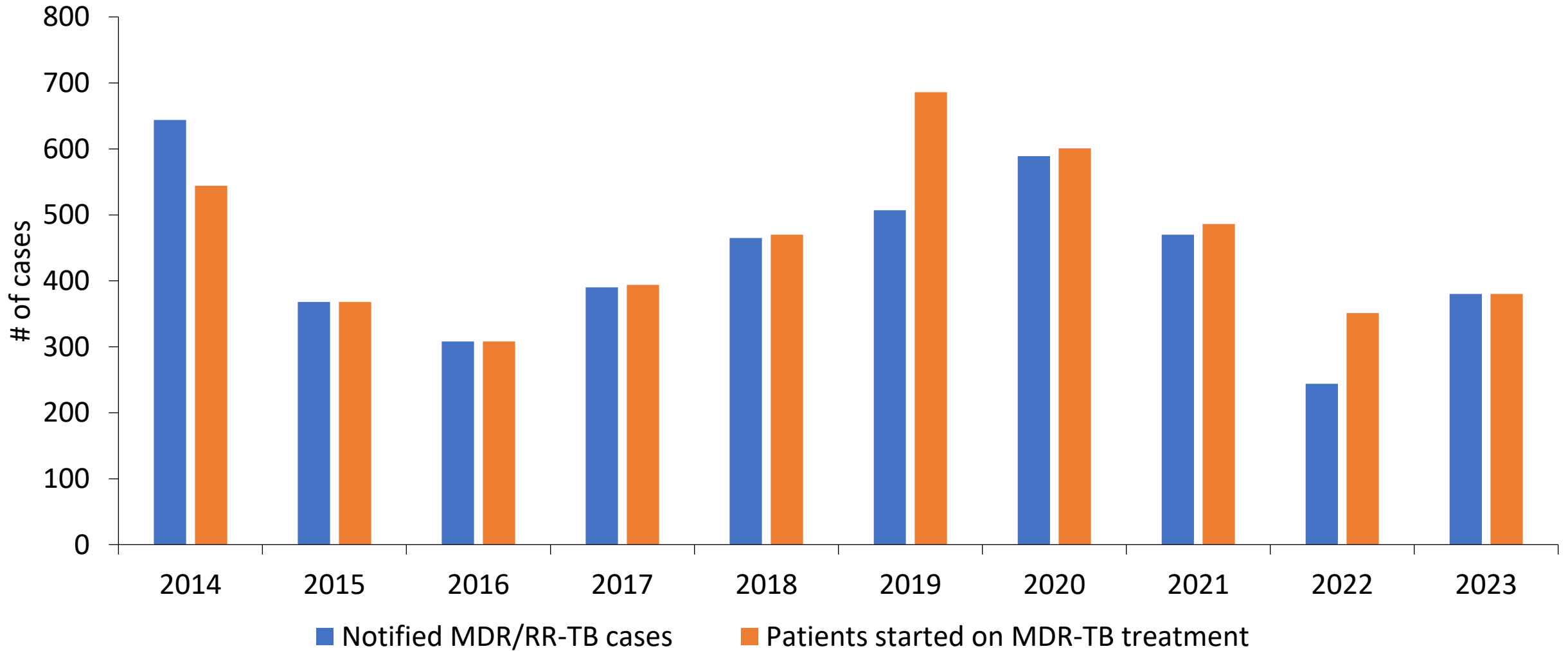


Presented by
Dr Farida Geteri

Country MDR TB Profile

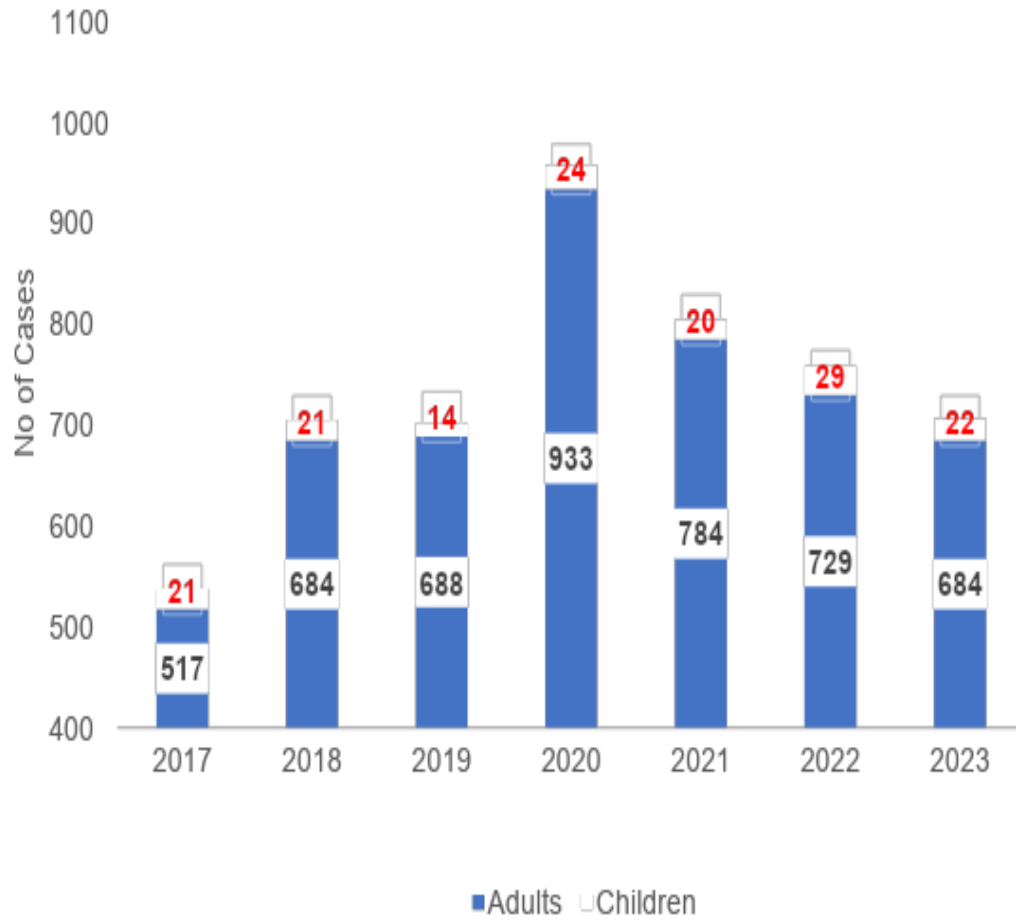


Notified MDR/RR cases vs cases initiated on treatment

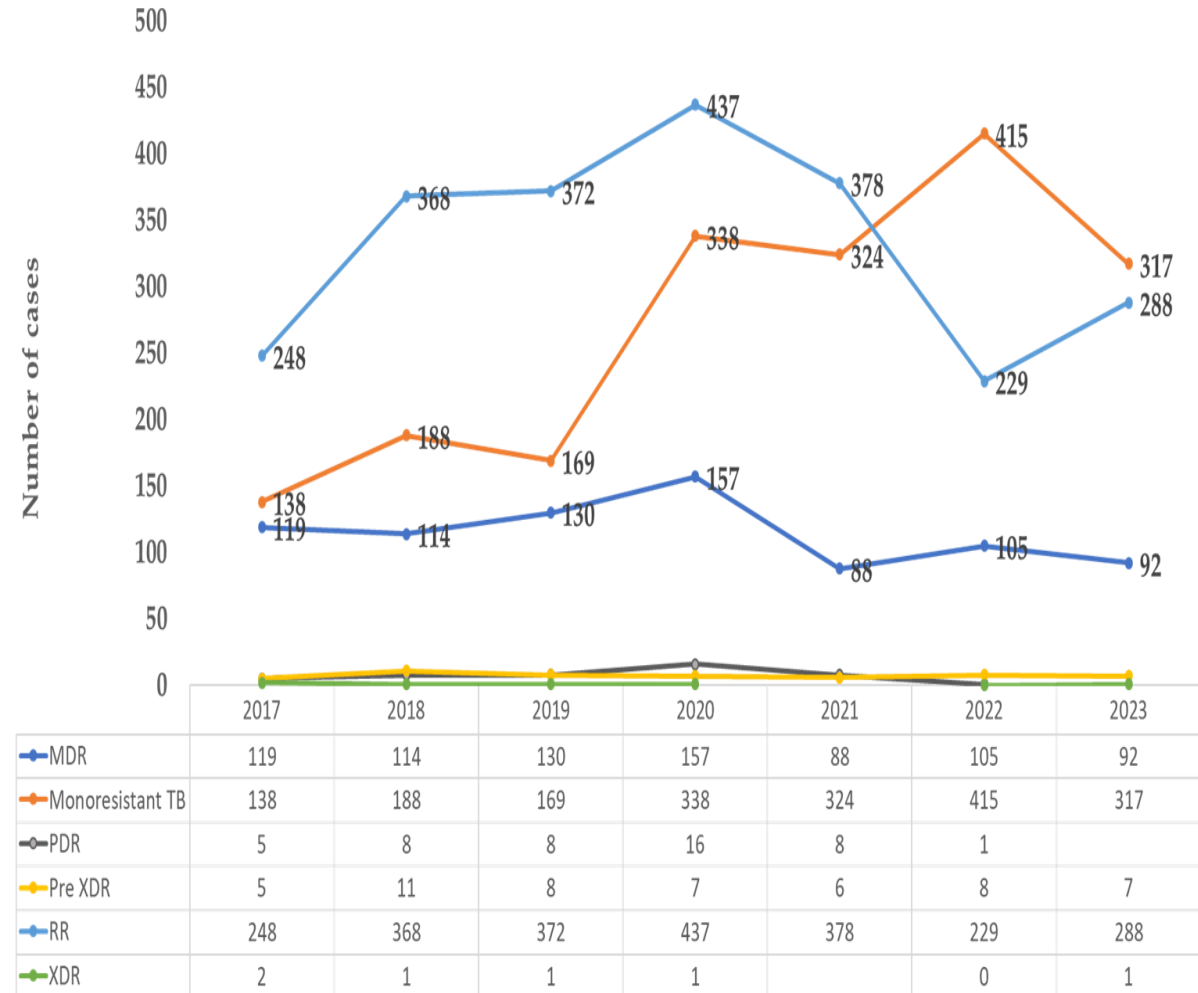


Kenya DR-TB landscape 2017- 2023

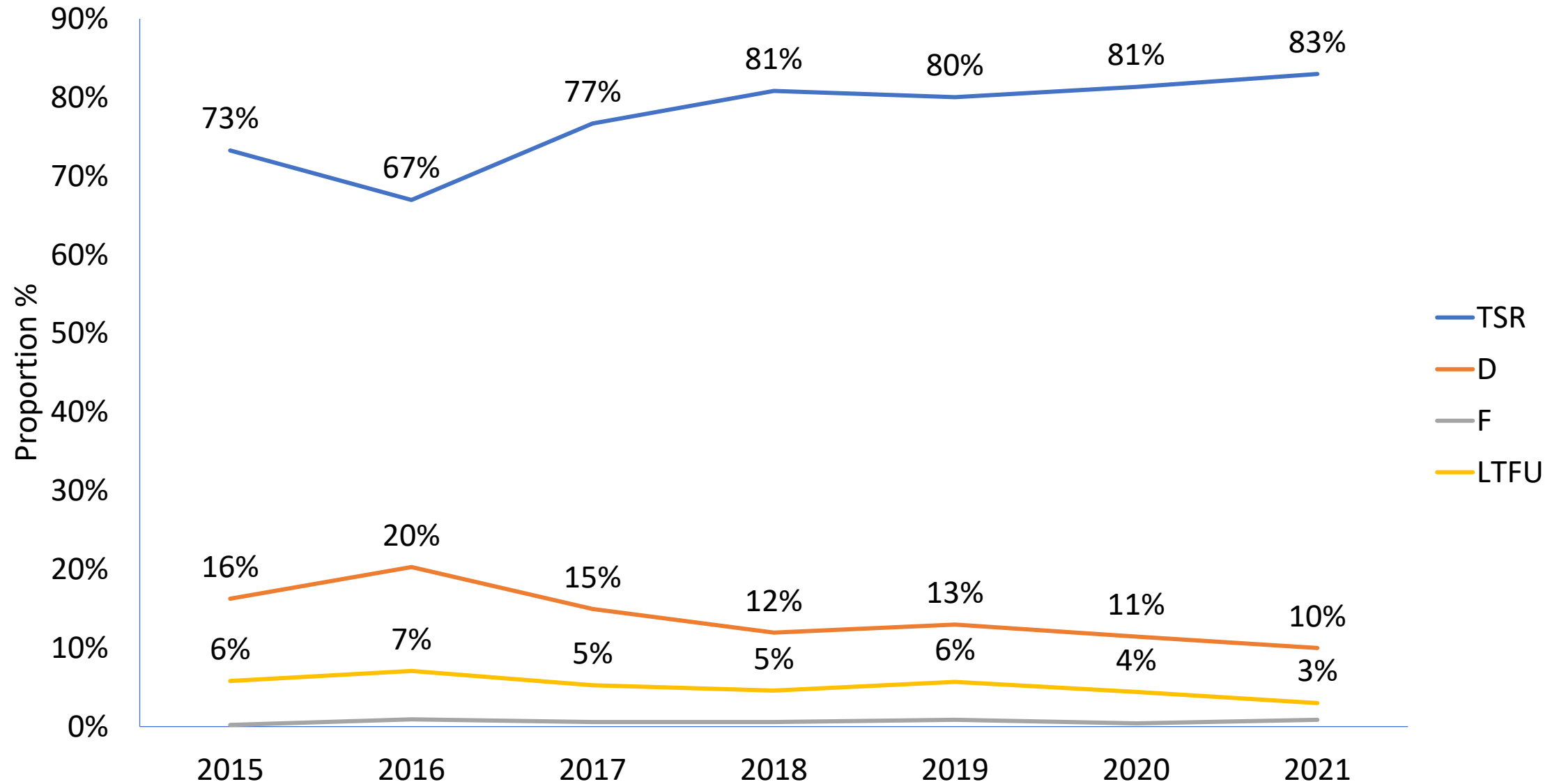
DRTB Trends in Case Finding in Kenya, 2017-2023



DRTB resistance patterns trends in Kenya, 2017-2023



Trends of DRTB outcomes in Kenya, 2015-2021



MDR/RR TB Regimen Implementation in Kenya

DRTB Regimen Transition

2006-2017

Longer regimen
(injectables)

8 Km,Lfx,Cs,Pto,Z
12 Lfx,Cs,Pto,Z

20
MOS

OCT 2017

Shorter regimen
(Injectables)

4-6 Km, Mfx, Cfz,
Pto, H-inh, Z, E
5Mfx, Cfz, E, Z

9-11
MOS

JAN 2020

Longer oral regimen
(Injectable free)

6Bdq,Lfx,Cfz,Lzd,Cs
12 Lfx,Cfz,Cs

18-20
MOS

JULY 2024

BPaL/M

6 BPaL/M

6 MOS

Challenges faced with the previous treatment regimens

Diagnostic challenges: laboratory commodity stockouts

Side effects: multiple drugs and longer treatment periods

Adherence: ADRs, pill burden, and duration of treatment

HCW: aDSM/pharmacovigilance

Delays in treatment initiation: drugs ordered on a case-by-case basis

Invasive treatment: injectables (2017) and individualized treatment with parenteral administration of drugs

Cost: the complexity and long duration of mgt was labour and resource-intensive

High Staff turnover/ capacity

DRTB BPaL/M Rollout Roadmap

2022

- WHO recommendation
- Expert review & adoption of new recommendations

2023- 2024 April

- Review & updating of DRTB guidelines +ratification
- Development of Training material, SOPS, and job aids
- F&Q and procurement of drugs and lab commodities
- Review and updating M&E tools
- rGLC mission

May 2024

- Draft and Dissemination policy documents
- Training of HCW on BPaL/M
 - National TOT – 147
 - County-level training – 187
 - Sub-county level training – 967
 - Health Facility level training- 10,891
- Continued HCW sensitization & mentorship

1st July 2024

- Rollout of BPaL/M

Suggestions for improving the implementation of BPaL(M) and strengthening PMDT in the country

- Continue capacity building of HCWs and civil society
- Establish regional DRTB hubs
- Decentralize DRTB commodities
- Enhance integrated technical assistance
- M&E including analysis of treatment outcomes and other proxies for interim outcomes
- Conduct a BPaLM uptake survey for HCWs and patients
- Strengthen aDSM/ pharmacovigilance
- Documentation of the Rollout process



Asante