



**KENYA INTERNATIONAL  
SCIENTIFIC LUNG HEALTH  
CONFERENCE  
(KISLHC)**

# **KENYA INTERNATIONAL SCIENTIFIC LUNG HEALTH CONFERENCE (KISLHC)**

## **PROGRAMME**

**Conference Name:**

**“The Joseph Aluoch Lung Health Conference 2024”**

**Conference Theme:**

**“Redefining Lung Health in Kenya”**

**DATE:**

**Wednesday 30<sup>th</sup> – Thursday 31<sup>st</sup> October 2024**

**VENUE:**

**The Nairobi Hospital Convention Centre, Nairobi**

# PROFILE

## DR. JOSEPH A ALUOCH

Consultant Pulmonologist  
**The Nairobi Hospital**



Qualified MB,ChB (EA)1968 Makerere  
M.R.C.P (UK), F.R.C.P (Edin.), F.R.C.P (Glasgow),  
D.T.C.D (Wales), Dip Epid-(Praque/Delhi)

### Details:

#### 1975-1977

Deputy Director- Communicable  
Diseases Division ,Director National TB Programme

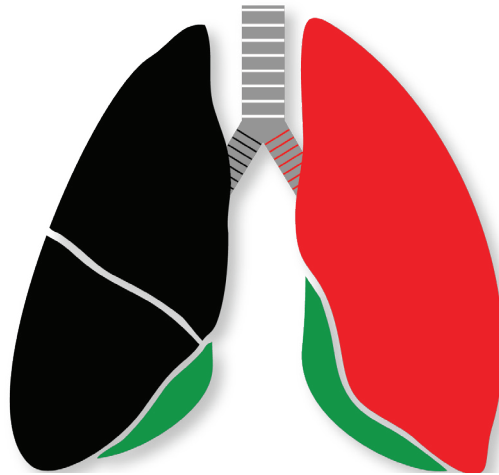
#### 1977- 1986

Honorary Lecturer Department of Medicine Nairobi  
University  
Director – TB and Respiratory Diseases Research Centre  
Consultant, i/c Infectious Diseases Hospital Nairobi

Served in various boards and organizations within  
the Government.  
Chairman of various Medical Associations and  
Societies in Kenya.

### Currently he is the:

- Patron of Kenya Association of Physicians
- Patron Respiratory Society of Kenya
- Patron HIV Clinicians Society of Kenya
- Immediate Past -President of Pan African Thoracic Society
- Overseas Representative and Emiretus Adviser; Royal College  
of Physicians of Edinburgh
- 2017 Recipient of Honorary Member Award of International  
Union against Tuberculosis and Lung Diseases
- He has authored over 60 papers both local and international  
peer review journals
- He has authored his autobiography; In the Footsteps of My  
Father and a Book, Historical perspective of Fifty years of  
Medical Practice in Kenya.



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**Programme**

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***THEME: “Redefining Lung Health in Kenya”***

***Organized by the  
Respiratory Society of Kenya (ReSoK)  
and other technical partners.***

Conference Secretariat  
Kenya International Scientific Lung Health Conference (KISLHC)  
Tel: +254 721 721 979 / 734 982 535  
Email: [respiratorysockenya@gmail.com](mailto:respiratorysockenya@gmail.com), [info@resok.org](mailto:info@resok.org)  
Website: <https://www.resok.org/2024-lung-health-conference/>







# Connect to Care

Streamlining the Diagnostic Referral Pathway for Lung Cancer Patients!



## Connect to Care:

-  **Hospital Connections:** Linking you with hospitals and diagnostic facilities.
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-  **Financial Support:** Providing affordability access modes for patients with financial limitations for histopathology tests.
-  **EGFR Testing:** Free EGFR Testing provided at the Aga Khan University Hospital, Nairobi.

Together we advocate for an efficient diagnostic referral system, for improved patient care and a better quality of living for Cancer Patients.





## MESSAGE FROM CHAIR, ORGANIZING COMMITTEE

Ladies and Gentlemen, Distinguished Guests,  
Esteemed Colleagues, and Friends,



It is with great pleasure and my profound honor to welcome you all to the Joseph Aluoch Lung Health Conference 2024. On behalf of the organizing committee, I would like to extend a warm and heartfelt welcome to each of you. We are thrilled to gather together experts, practitioners, researchers, and lung health advocates united by our shared commitment to advancing lung health.

Our theme this year is “Redefining a timely and critical topic that underscores the evolving nature of our understanding and approach to respiratory care. The landscape of lung health is rapidly changing, and it is imperative that we continually adapt and innovate to meet new challenges and seize emerging opportunities. Redefining Health is premised on key factors including; emerging respiratory diseases such as COVID-19 environmental changes occasioned by air pollution and climate change, advances in technology all on the backdrop of inequalities in lung health access and the need to provide patient centered care.

Over the course of this Conference we will explore these themes through a diverse range of sessions, including panel discussions, workshops, and more importantly a keynote address from our distinguished guest Dr Joseph Aluoch. Dr Joseph Aluoch has been serving of Lung Health for over half a decade now, is considered the ‘father of TB in Kenya’ and we truly honor his many contributions

Let us embrace the opportunities to learn from one another, challenge our assumptions, and forge new pathways for improving lung health. Let us redefine what is possible together towards a future where lung health is no longer a privilege but a universal right.

I look forward to a memorable and impactful experience.



Karibuni Sana!

**Dr Lorraine Mugambi-Nyaboga**  
*Chair - Organizing Committee*

## MEMBERS OF THE JOSEPH ALUOCH LUNCH HEALTH 2024 ORGANIZING COMMITTEE

<b>Chakaya Muhwa</b>	- CEO, ReSoK
<b>Lorraine Mugambi-Nyaboga</b>	- Chair, Organizing Committee - CHS/TB ARC II
<b>Andrew Owuor</b>	Chair, Scientific Committee – KNH/ReSoK
<b>Jacqueline Kagima</b>	- KNH/ReSoK
<b>Geoffrey Okallo</b>	- Secretary, Organizing Committee , KISLHC/ KEMRI
<b>Chrispine Okoth</b>	- ReSoK
<b>Rhoda Pola</b>	- ReSoK
<b>Immaculate Kathure</b>	- Head, NTLD-P
<b>Irene Mbithi</b>	- ReSoK
<b>Evaline Kibuchi</b>	- Stop TB Partnership
<b>Wendi Nkirote Mwirigi</b>	- NLTD-P
<b>Michael Odhiambo</b>	- AMREF Health Africa in Kenya
<b>Asiko Ongaya</b>	- CRDR-KEMRI
<b>Evans Amukoye</b>	- CRDR-KEMRI
<b>Herman Weyenga</b>	- CDC
<b>Felix Mbetera</b>	- NTLD-P
<b>Boaz Ouma</b>	- CHS/TB ARC II
<b>Leyla Abdullahi</b>	- AFIDEP
<b>Mohmoud Abdulaziz</b>	- ReSoK
<b>Salim Masoud</b>	- ReSoK
<b>Edel sakwa</b>	- AFIDEP
<b>Elizabeth Kendi</b>	- CRDR-KEMRI
<b>Joyce Kiarie</b>	- NLTD-P
<b>Moses Alembi</b>	- ReSoK
<b>Parez Auma</b>	- NLTD-P
<b>Philip Nyakwana</b>	- KCM
<b>Beatrice Agesa</b>	- ReSoK
<b>Everlyne Agisa Kegode</b>	- MKU/GCH

## MEMBERS OF CONFERENCE SECRETARIAT

1. Geoffrey Okallo
2. Chrispine Okoth
3. Rhoda Pola
4. Evaline Kibuchi
5. Boaz Ouma
6. Moses Alembi
7. Beatrice Agesa
8. Edel Sakwa



# MESSAGE FROM THE HEAD OF PROGRAM

Welcome to the Lung Health Conference: “Redefining Lung Health in Kenya” Ladies and Gentlemen,

“ It is with great enthusiasm and a profound sense of purpose that I extend my warmest welcome to you all as we gather for the Kenya Lung Health Conference, under the transformative theme “Redefining Lung Health in Kenya.”

This conference comes at a pivotal moment for our nation and the global community. We stand united against the formidable challenges that lung diseases, especially tuberculosis, continue to pose. However, we are equally united in our commitment to overcoming these challenges and seizing the opportunities before us to make a lasting impact.

The theme of this year’s conference is a call to action—an invitation to rethink our strategies, innovate our approaches, and renew our dedication to improving lung health for millions of Kenyans.

Throughout this conference, we will engage in meaningful discussions, share latest research, and explore cutting-edge innovations and new approaches to lung health. It is not just a platform for dialogue but an opportunity to forge stronger partnerships, learn from each other’s successes and setbacks, and commit to actionable steps that will redefine lung health in Kenya for the better.

Our nation has made significant strides—advancing treatment, increasing detection rates, and implementing new diagnostic technologies like AI-powered X-rays. Yet, challenges remain, from drug-resistant TB to gaps in treatment coverage, particularly among vulnerable populations. This conference is our opportunity to address these challenges head-on, with the collaborative spirit that defines our work.

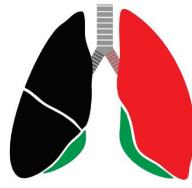
I am honoured to be a part of this important conversation and to work alongside such a dedicated group of professionals and advocates. I am confident that the initiatives that will emerge from our time together will drive us closer to a future where lung health is prioritized, and the lives of countless individuals are improved.

Thank you for your dedication to this cause. I wish you all a productive and inspiring conference. ”

Warm regards,

**Dr. Immaculate Kathure**  
*Ag. Head, Division of Tuberculosis  
and other Lung Diseases*

# OUR PARTNERS



KENYA INTERNATIONAL SCIENTIFIC  
LUNG HEALTH CONFERENCE  
KISLHC



MINISTRY OF HEALTH



NATIONAL TUBERCULOSIS, LEPROSY  
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## Message from the Chair - Scientific Committee



I wish to take this opportunity to welcome you all to The Joseph Aluoch Lung Health Conference 2024". On Behalf of the scientific welcome you all to partake of the menu we have put together for this conference.

With a preview of hosting the larger lung conference in 2025, we look forward to learning from the latest scientific researches influence policy and change our meeting will bring together government, donors, implementing partners, patients and advocacy groups which makes for a good face to face interaction of all players in the lung health realm. The meeting will not only look at the latest research findings, cutting edge will also look at challenges in delivering better lung health to Kenyans with a view of building harmony on policy, good practice recommendations and how to get best results from the limited resources at our disposal. The conference will be graced by top industrial, government, and academic scientists both local and international.

The conference topics have been carefully chosen to align with identified key strengthening lung health in Africa and indeed globally. We have put together a stimulating programme featuring distinguished speakers who will explore past, current, and future research and interventions to promote lung health. The conference provides a platform for the dissemination of new information, reinforcing recommended interventions and the exchange of ideas on how to tackle major respiratory health challenges of our time. I add my best wishes for a successful and fruitful conference and my thanks to all organizers. We wish that this meeting will lay a good foundation to improve lung health in Kenya now and for future generations.

We're looking forward to an excellent meeting with great minds from different areas of specializations and sharing new and exciting results in various areas of lung health, which I believe will impact and change how you practice / implement lung health now and in future.

We welcome you all to Nairobi, Kenya!

**Dr. Andrew Owuor**  
*Chair - Scientific Committee*

## PROGRAMME AT A GLANCE

SCIENTIFIC PROGRAMME AT A GLANCE - AS AT 10/10/2024			DURATION
<b>WEDNESDAY 30th OCTOBER 2024</b>			
1	07:30-21:00	<b>Registration &amp; CPD Scanning opens</b>	
2	08:30-17:00	<b>Exhibitions</b>	
3	08:30-10:00	<b>Plenary 1: Lung Cancer (Venue: Amphitheatre)</b>	
		Track 1: Epidemiology and Risk Factors	
		Track 2: Innovations in Treatment	
<b>4</b>	<b>10:00-10:30</b>	<b>TEA/COFFEE</b>	
5	10:30-12:30	<b>Symposium 1: Chronic respiratory diseases (Venue: Amphitheatre)</b>	<b>Symposium 2: Environmental and Occupational Lung Diseases (Venue: Meeting Room 5&amp;6)</b>
		Track 1: COPD	Track 1: Environmental lung health
		Track 2: ASTHMA	Track 2: Occupational Lung diseases
6	12:30-13:30	<b>Opening Ceremony (Venue: Amphitheatre)</b>	
		<b>Scientific Keynote address</b>	
7	13:30-15:00	<b>LUNCH</b>	
8	15:00-16:15	<b>Symposium 3: Respiratory Infections (Venue: Amphitheatre)</b>	<b>Symposium 4: Digital Health and Respiratory Medicine &amp; nterventional Medicine (Venue: Meeting Room 5&amp;6)</b>
		Track 1: COVID 19	Track 1:
<b>9</b>	<b>16:15-16:30</b>	<b>TEA/COFFEE</b>	
10	16:30-17:45	Track 2: INFLUENZA, PNEUMONIA and FUNGAL Infections	Track 2: Interventional Pulmonology
11	18:00-19:00	Beginning with the Patient in mind; Integrated Service Delivery in Lung Diseases	
<b>THURSDAY 31st OCTOBER 2024</b>			
1	07:30-21:00	Registration & CPD Scanning opens	
2	08:30-17:00	Exhibitions	
3	08:30-10:00	<b>Plenary 2: Global strategies for Lung Health (Venue: Amphitheatre)</b>	
		Global initiatives and collaborations for lung health	
		New Interventions in Lung Health: (WHO, CDC, USAIDS)	
<b>4</b>	<b>10:00-10:30</b>	<b>TEA/COFFEE</b>	
5	10:30-12:30	<b>Symposium 5: Pediatric Respiratory Health (Venue: Meeting Room 5&amp;6)</b>	<b>Symposium 6: Integrative Approaches and Patient-Centered Care (Venue: Amphitheatre)</b>
		Track 1:	Track 1: Holistic management of respiratory diseases
			Track 2: Patient engagement and advocacy
<b>6</b>	<b>12:30-14:00</b>	<b>LUNCH</b>	
7	14:00-15:00	<b>Symposium 7: Emerging Topics in Lung Health (Venue: Meeting Room 5&amp;6)</b>	<b>Symposium 8: TUBERCULOSIS (Venue: Amphitheatre)</b>
		Track 1: Intestinal lung diseases	Track 1: TUBERCULOSIS
		Track 2: Pulmonary vascular disease	
<b>8</b>	<b>15:00-15:30</b>	<b>TEA/COFFEE</b>	
9	15:30-17:00	<b>Symposium 7: Emerging Topics in Lung Health (Venue: Meeting Room 5&amp;6)</b>	<b>Symposium 8: TUBERCULOSIS (Venue: Amphitheatre)</b>
		Track 3: Policy and legislation	Track 2: TUBERCULOSIS
<b>10</b>	<b>17:00-18:00</b>	<b>Closing Ceremony (Venue: Amphitheatre)</b>	
<b>11</b>	<b>18:30-21:45</b>	<b>Cocktail</b>	



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## FULL SCIENTIFIC PROGRAMME

### The Joseph Aluoch Lung Health Conference 2024 Wednesday 30th - Thursday 31st October 2024, Nairobi, Kenya Venue: The Nairobi Hospital Convention Centre, Nairobi

Session		Speakers / Chairs / Rapporteur		Session			
<b>Day 1 - WEDNESDAY 30th OCTOBER 2024</b>					<b>Scientific Duty Officer: Asiko Ongaya</b>		
1	07:30-21:00	<b>Registration &amp; CPD Scanning opens (Registration Area)</b>					
2	07:30-08:30						
3	08:30-17:00	<b>Exhibitions</b>					
4	08:30-10:00	<b>Plenary 1: Lung Cancer (Venue: Amphitheatre)</b>		<b>Rapporteur: Grace Kwamboka</b>			
		<b>Track 1: Epidemiology and Risk Factors</b>		<b>Chair: Dr. Andrew Owuor</b>			
				<b>Rapporteur: Grace Kwamboka</b>			
		1	Epi of lung cancer - Trends and Public health intervention in lung cancer	Joan-Paula Bor-Malenya	20mins		
		2	Diagnostic approach to lung cancer (MDT panel discussion)	Andrew Owour / Wanjiku Kagima / Kevin Ombati / Wangari / Mutie / Edwin Walong	20mins		
		<b>Track 2: Innovations in Treatment</b>					
		1	Test it, treat it: A journey to new testing perspectives	Allan Njau	15mins		
		2	Evolution of Lung cancer treatment	Andrew Odhiambo / Helena Musau	15mins		
		3	Q & A - Discussions		20mins		
<b>TEA/COFFEE</b>							
6	10:30-12:30	<b>Symposium 1: Chronic Respiratory Diseases (Venue: Amphitheatre)</b>		<b>Chair: Dr. Herman Weyenga</b>			
				<b>Rapporteur: Dan Ronoh</b>			
		1	<b>Track 1: COPD</b> Epidemiology and risk factors + Advances in treatment and management (Bronchoscopic procedures in treating Advanced COPD)	Mohmoud Abdulaziz	<b>Track 1: Environmental lung health</b> Impact of air pollution on respiratory conditions	QURE.AI	20mins
		2	Role of pulmonary rehabilitation	Lameck Diero			
		<b>Track 2: ASTHMA</b>		<b>Track 2: Occupational Lung diseases</b>			
		1	Device Technique Challenges and its Impact on Asthma Management - Patient Case Studies	Nishama Gajjar (CIPLA)	Impact of air pollution on respiratory conditions	James Mwitari	20mins
		2	SABA free clinics: A myth or A reality?	Wanjiku Kagima (Astrazeneca)	Advances in diagnosis and treatment of Hypersensitivity pneumonitis	Faraj Amir	20mins
		3	Biologics in Asthma Care	Salim Masoud (Astrazeneca)	Prevention and regulation in work places (OSH Act)	Wilfred Kimani	20mins
		4			Role of Nutrition and lifestyle in Respiratory Health		
<b>Q &amp; A - Discussions 1</b>		<b>Q &amp; A - Discussions 2</b>		<b>20mins</b>			



7		12:30-13:30		Opening Ceremony (Venue: Amphitheatre)		MC: Dr. Sam	
		1	Welcome Address by Conference Chair				
		2	Welcome Address by ReSoK Chairperson				
		3	Address by Head of TB Program				
		4	Scientific Keynote address		Prof. Joseph Aluoch		
8		13:30-15:00		LUNCH			
9	15:00-16:15	<b>Symposium 3: Respiratory Infections (Venue: Amphitheatre)</b>		<b>Chair: Dr. Jane Ong'ang'o</b>		<b>Symposium 4: Digital Health and Respiratory Medicine (Venue: Meeting Room 5&amp;6)</b>	
		<b>Track 1: COVID 19</b>		<b>Rapporteur: Wendy Nkirote</b>		<b>Chair: Dr. George Nyale</b>	
		1	Long term impact of covid on lung health	Peter Waweru	<b>Track 1:</b> Use of telemedicine in managing respiratory diseases	Mercy Atieno	20mins
		2	Innovations in treatment and management	Fred Wangai	Digital tools and apps for patient monitoring and education	Brenda Mungai	20mins
		3	Prevention strategies (Vaccination, public health campaigns); How can we leverage on the lessons learnt?	Marybeth Maritim	AI in respiratory health and research	Joseph Aluoch	20mins
<b>Q &amp; A - Discussions 3A</b>		<b>Q &amp; A - Discussions 4A</b>		<b>15mins</b>			
10		16:15-16:30		TEA/COFFEE			
11	16:30-17:45	<b>Symposium 3: Respiratory Infections (Venue: Amphitheatre)</b>		<b>Symposium 4: Interventional Medicine (Venue: Meeting Room 5&amp;6)</b>			
		<b>Track 2: INFLUENZA, PNEUMONIA and FUNGAL Infections</b>		<b>Track 2: Interventional Pulmonology</b>			
		1	What is new - Influenza	Duncan Nyukuri	Interventional Pulmonology: A real collaborative world	Wanjiku Kagima	20mins
		2	What is new - Pneumonia	Salim Hassanali	Interventional management of Pleural Effusion	Andrew Owuor	20mins
		3	Updates on fungal infection of the lung	Jackson Atina	Challenging Airway- Management of Benign Airway Stenosis	Naveed Merali	20mins
		<b>Q &amp; A - Discussions 3B</b>		<b>Q &amp; A - Discussions 4B</b>		<b>15mins</b>	
12	18:00-19:00	<b>Beginning with the Patient in mind; Integrated Service Delivery in Lung Diseases (Venue: Amphitheatre)</b>			<b>Chair: Dr. Simon Wachira</b>		
		Stellah Mocheche			<b>Rapporteur: Grace Kwamboka</b>		
		1	Assessment of critical gaps in the TB care cascade in Kenya, Are there any gender gaps		Rhoda Pola (LIGHT)	15mins	
		2	Putting people first: A participatory study with TB healthcare workers and policymakers in Nairobi, Kenya		Edel Sakwa (AFIDEP) Salome Ndeto Musau (AFIDEP)	15mins	
		3	Integrated TB and Respiratory Care in Africa		Jeremiah Chakaya (ITARA)	15mins	
		4	Integrated Service Delivery; A Holistic approach to quality respiratory care		Lorraine Mugambi Nyaboga (CHS)	15mins	
		5	Integrated lung health program for improved TB treatment outcomes		Philip Muchiri (CHAI)	15mins	

Day 2 - THURSDAY 31st OCTOBER 2024					Scientific Duty Officer: Rhoda Pola	
1	07:30-21:00	<b>Registration &amp; CPD Scanning opens (Registration Area)</b>				
2	07:30-08:30					
3	08:30-17:00					
<b>Exhibitions</b>						
4	08:30-10:00	<b>Plenary 2: Global Strategies for Lung Health (Venue: Amphitheatre)</b>			<b>Chair: Dr. Lorraine Mugambi-Nyaboga Rapporteur: Rhoda Pola</b>	
		1	Global initiatives and collaborations for lung health	Jeremiah Chakaya	45mins	
		2	New Interventions in Lung Health:	Eunice Omesa (WHO) Herman Weyenga (CDC) Maurice Maina (USAIDS)	15mins 15mins 15mins	
<b>5 10:00-10:30 TEA/COFFEE</b>						
6	10:30-12:30	<b>Symposium 5: Pediatric Respiratory Health (Venue: Meeting Room 5&amp;6)</b>		<b>Chair: Dr. Evans Amukoye Rapporteur: Stella Omulo</b>	<b>Symposium 6: Integrative Approaches and Patient- Centered Care (Venue: Amphitheatre)</b>	
				<b>Chair: Titus Kiptai Rapporteur: Carolly Migwambo</b>		
		1	<b>Track 1:</b> The effect of air pollution in pediatric population living in different social economic neighborhoods	Evans Amukoye	<b>Track 1: Holistic management of respiratory diseases</b> Integrative medicine approaches (long term oxygen therapy)	
		2	Acute asthma in children	Lisa Maleche Obimbo	Patient education and self- management strategies	Nurse Joan Njeri Kagama/ Claire Kamau”
		3	Chronic Asthma management in children	Francis Ogaro	Psychological support and mental health in respiratory Medicine	Pamela Kaithuru
		<b>Q &amp; A - Discussions 5A</b>		<b>Q &amp; A - Discussions 6A</b>		<b>15mins</b>
				<b>Track 2: Patient engagement and advocacy</b>		
		4	Wheezing in the young child: are there any pointers?	Justus Simba	Empowering patients through education and support groups	Anne Wairimu
		5	Complicated pneumonia in children	Agisa Kegode	Role of patient advocacy organizations	Steve Anguva
		6	Pleural diseases in children? What's new	Sam Otido	Strategies for improving patient provider communication	Naomi Wanjiru
		<b>Q &amp; A - Discussions 5B</b>		<b>Q &amp; A - Discussions 6B</b>		<b>15mins</b>
<b>7 12:30-14:00 LUNCH</b>						
8	14:00-15:00	<b>Symposium 7: Emerging Topics in Lung Health (Venue: Meeting Room 5&amp;6)</b>		<b>Chair: Dr. Josphine Ojoo Rapporteur: Seth Kagia</b>	<b>Symposium 8: Tuberculosis (Venue: Amphitheatre)</b>	
				<b>Rapporteur: Dorcas Wanjiru Ihuthia</b>		
		1	<b>Track 1: Intestinal lung diseases</b> Screening in CTD-ILD when and for whom	Sybill Nakitare	<b>Track 1: Tuberculosis</b> EPI - Current status	
		<b>Track 2: Pulmonary vascular disease</b>				Laboratory TB Diagnostics: What are the advances and remaining gaps?
		1	Should we treat pulmonary HTN in COPD	George Nyale	DSTB/DRTB new treatment guidelines	Farida Geteri
		2	Update in treatment of pulmonary HTN associated with ILD	Mahmoud Abdulaziz	Childhood TB - New treatment guidelines	Lorraine Mugambi- Nyaboga
		3	Pulmonary throembolism_ CTEPH	Jumaa Bwika		
<b>9 15:00-15:30 TEA/COFFEE</b>						

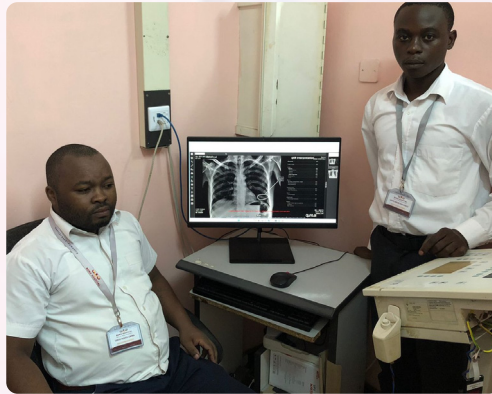
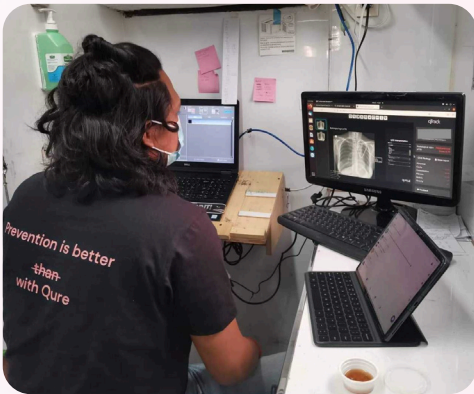
15:30-17:00		<b>Symposium 7: Emerging Topics in Lung Health (Venue: Meeting Room 5&amp;6)</b>		Chair: Dr. Josphine Ojoo Rapporteur: ?	<b>Symposium 8: Tuberculosis (Venue: Amphitheatre)</b>		Chair: Asiko Ongaya Rapporteur:
	1	<b>Track 3: Policy and legislation</b> Impact of Tobacco smoking bans (Vaping, cigarette, Shisha) and Tobacco control policies	Njeri Karianjahi		<b>Track 2: Tuberculosis</b> TB Prevention (TB vaccines)	Videlis Nduba	20mins
	2	Regulations on air quality and industrial emissions	Wilfred Kimani		Post TB disability	Perez Wawire	20mins
	3	Advocacy for stronger public health laws	Michael Kariuki		Non-Tuberculous Mycobacteria (NTMs) - what is new	Jared Mecha	20mins
		<b>Q &amp; A - Discussions 7</b>			<b>Q &amp; A - Discussions 8</b>		<b>30mins</b>
<b>11</b>	<b>17:00-18:00</b>	<b>Closing Ceremony (Venue: Amphitheatre)</b>				<b>MC Dr. Sam Muga</b>	
<b>12</b>	<b>18:00-21:00</b>	<b>Cocktail/Dinner Function and organized entertainment</b>					

# Institutions


1. MINISTRY OF HEALTH - NATIONAL TUBERCULOSIS, LEPROSY AND LUNG DISEASE PROGRAM (NLTD-P)
2. RESPIRATORY SOCIETY OF KENYA (RESOK)
3. CENTRE FOR HEALTH SOLUTIONS KENYA (CHS)
4. AMREF HEALTH AFRICA IN KENYA
5. KENYA MEDICAL RESEARCH INSTITUTE (KEMRI)
6. STOP TB PARTNERSHIP - KENYA
7. AFRICAN INSTITUTE FOR DEVELOPMENT POLICY (AFIDEP)
8. KENYATTA NATIONAL HOSPITAL (KNH)
9. CLINTON HEALTH ACCESS INITIATIVE (CHAI)
10. CENTRE FOR DISEASE CONTROL (CDC)
11. World health Organization (WHO)
12. LIGHT Consortium
13. ASTRAZENECA
14. CIPLA - KENYA
15. CEPHEID
16. QURE.AI
17. COSMOS
18. GLENMARK
19. GETZ PHARMA
20. MADAWA
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## About Qure.ai


Qure.ai is a health tech company that uses deep learning and Artificial Intelligence (AI) to make healthcare more accessible and equitable for patients worldwide. Our solutions power the efficient identification and management of Tuberculosis (TB), Paediatric TB, Silicosis, and Lung Cancer to support clinicians and propel developments in the pharmaceutical and medical device industries. We empower healthcare by helping to identify conditions fast, prioritize treatment planning and ultimately improve quality of patient life.




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**References:** 1. Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention, 2023. Updated July 2023. Accessed March 26, 2024. [www.ginaasthma.org](http://www.ginaasthma.org). 2. Sobieraj DM et al. JAMA. 2018;319(14):1485-1496. 3. Kew KM et al. Cochrane Database Syst Rev. 2013;2013(12):CD009019. 4. Symbicort® Turbuhaler 160/4.5, Inhalation powder. Summary of Product Characteristics

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# STUDY SUMMARY

## HIGH TB PREVALENCE AMONG YOUNG PEOPLE IN KENYA: AN ASSESSMENT OF CRITICAL GAPS IN THE TB CARE CASCADE USING A GENDER LENS

### SUMMARY

Evidence shows that young people (15-24 years) contribute to approximately 17% to the global TB burden. In Kenya, a review of the national TB surveillance data (2023) reveals that this age group accounts for 15% of all notified TB cases in Nairobi County and 16% nationwide. Despite these figures, critical gaps persist within the TB care cascade, resulting in missed opportunities for diagnosis, treatment initiation and successful treatment completion.

This study aims to explore the risk factors contributing to the noncompletion of screening, diagnosis and treatment among young people (15-24 years) with bacteriologically confirmed TB. This includes understanding gender-specific barriers and identifying where the highest losses occur along the TB care cascade.

A quantitative analysis of the national TB database (TIBU) and health facility registers will identify specific points where young people (15-24 years) dropped out of the TB care cascade. This will be complemented by qualitative participatory research which will explore the underlying reasons for such dropouts through engaging both TB patients who successfully completed treatment and those who disengaged from care at various stages of the cascade. Findings will be shared with key stakeholders through various forums to inform the development of targeted interventions addressing the key gaps identified in the TB care cascade for this age group.

### BACKGROUND TO THE STUDY

Tuberculosis prevalence remains significantly high among young people, aged 15-24 years, in sub-Saharan Africa, despite investing in resources to TB prevention, treatment and care. Males disproportionately bear a higher TB burden; however, the underlying reasons for this gender disparity are not well understood. While biological factors may play a role, gender-specific barriers within the TB care cascade could even be more critical in exacerbating this inequity.

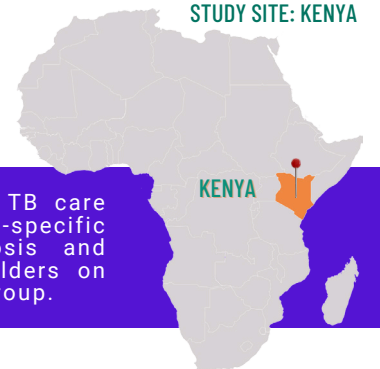
Kenya's National TB Prevalence Survey (2015/16) revealed critical gaps in the TB care cascade with 95% of TB prevalent cases not being identified, 80% of symptomatic individuals not being diagnosed with TB despite seeking care, and 26% of people diagnosed with TB being asymptomatic (Ministry of Health 2017).

The high TB prevalence among young people indicates increased risks of infection and re-infection, as well as TB transmission within the community. Early case finding and timely TB treatment and care are essential to mitigate adverse health and socio-economic impacts of TB. Addressing these challenges require a comprehensive understanding of the barriers to TB treatment and care, particularly among the most vulnerable populations. This research study investigates barriers to the successful completion of all stages of the TB care cascade among young people in Kenya to inform tailored interventions for this age group.

### STUDY SITES

The study includes national data analysis from all 47 counties in Kenya (TIBU database), with in-facility-level research focusing on six health facilities in Nairobi County that provide TB services to young people (15-14 years). These are: St. Mary's Hospital Langata, Mbagathi Hospital, Rhodes Chest Clinic, Mama Lucy Hospital, Baraka Main Health Care, and Riruta Health Centre.

STUDY SITE: KENYA



### AIM

We aim to investigate where the significant losses occur along the TB care cascade for young people (15-24 years) and to identify the gender-specific barriers contributing to the non-completion of screening, diagnosis and treatment. We also aim to explore the perspectives of key stakeholders on effective interventions to strengthen the TB care pathways for this age group.

### STUDY OBJECTIVES

a	To identify the stages within the TB care cascade with the highest losses among young Kenyans (15-24 years) who sought health services (screening, diagnosis and treatment) from 2017- 2022.
b	To identify the stages within the TB care cascade with significant gender disparities among young Kenyans (15-24 years) between 2017-2022.
c	To investigate gender-specific factors that facilitate or hinder TB screening, diagnosis and treatment within the healthcare facility and community settings.
d	To explore perceptions of key stakeholders in TB care, on priority interventions for strengthening the TB care cascade, among young Kenyans aged 15-24 years.

### METHODS

This observational descriptive study design utilises **mixed methods approach**. The quantitative component includes data analysis of the national TIBU database - covering 47 counties- and facility-level registers from six health facilities in Nairobi county. This data analysis aims to track patient pathways and identify points of loss.

The qualitative component involves in-depth interviews with young people with TB (those who successfully completed treatment and those who disengaged from care) as well as participatory workshops and roundtable discussions with TB stakeholders such as policy makers and healthcare providers.



## PHASE 1 PRELIMINARY FINDINGS FROM THE TB CARE CASCADE ANALYSIS (2017-2022)

This analysis reviewed the steps in the TB care cascade (screening, diagnosis, notification, treatment initiation, and treatment outcomes) using available registers and reports. Data was drawn from TIBU for the period between 2017 and 2022.

### Step 1: TB Screening (Gaps in Case Finding)

Data on the proportion of patients screened for TB is available in aggregate form, making age and sex comparisons not possible. The analysis found that 27% of the total workload of patients seeking care in health facilities were screened for TB.

### Step 2: TB Testing (Gaps in Diagnosis)

Disaggregated data on presumptive TB cases by age and sex was not available in TIBU. Additionally, while molecular test results are recorded electronically, smear microscopy data is not available. From the available aggregated data, 58% of presumptive TB cases were investigated.

### Step 3: Linkage to Treatment (Treatment Gap)

There was a discrepancy of 18,016 more individuals documented as receiving TB treatment with a positive GeneXpert result compared to those reported in the laboratory register. This inconsistency needs to be explored more as it may pose a challenge in tracking individuals through the care cascade.

### Step 4: Treatment Success Rates (Retention on Treatment Gap)

Females had a slightly higher treatment success rate than males. Patients aged 15–19 years exhibited the highest treatment success rates, with 93% of females and 91% of males completing treatment. Among those aged 20–24 years, 90% of females and 88% of males completed treatment.

## ANALYSIS OF POOR TREATMENT OUTCOMES

Factors associated with poor treatment outcomes, such as loss to follow-up and death, were analysed by gender. Variables with statistical significance from the bivariate analysis were included in a logistic regression model to determine predictors of poor outcomes.

## KEY VARIABLES ASSOCIATED WITH POOR OUTCOMES

**Males:** Extrapulmonary TB (EPTB), previously treated status, smoking, alcohol use disorder, undernutrition, living with HIV, being notified in a Level VI facility, and unrecorded phone numbers were linked to loss to follow-up or death.

**Females:** Previously treated status, alcohol use disorder, living with HIV, being notified in a level VI facility and unrecorded phone numbers were associated with loss to follow-up, while undernutrition and living with HIV were predictors of death outcome.

## CONCLUSION

The findings underscore the need for high-quality, disaggregated data to enable future analyses that can identify specific gaps across demographic groups along the TB care cascade. Addressing these gaps requires a focus on gender and other key risk factors such as undernutrition, HIV status, alcohol use disorder and diabetes. Therefore, tailored, patient-centered interventions are essential for improving treatment outcomes, particularly for young people aged 15–24 years.

## RECOMMENDATIONS

To address the identified challenges and enhance TB care outcomes, we propose the following actions:

- Disaggregate TB care cascade data by age and gender, from screening through to treatment, to better identify gaps across different demographic groups.
- Incorporate smear microscopy data into the TIBU system, ensuring it is disaggregated by age and sex.
- Investigate and address discrepancies between TB diagnosis via GeneXpert and subsequent linkage to treatment.
- Implement differentiated service delivery models tailored to the specific needs of patients.
- Introduce a safeguarding checklist at the start of treatment to identify individuals requiring additional support.
- Offer patient-centered treatment support for those with risk factors linked to poor outcomes.
- Enhance follow-up, monitoring, and support for patients facing additional challenges, such as extrapulmonary TB (EPTB), HIV, malnutrition and other comorbidities.
- Strengthen multi-disciplinary approaches that integrate care for TB, HIV, undernutrition, substance use, diabetes, and other related conditions.

These measures are critical for addressing treatment gaps and improving outcomes in TB care among young people aged 15–24 years.

## POTENTIAL IMPACT

The study findings will inform the development of targeted interventions to address key gaps identified in the TB care cascade.

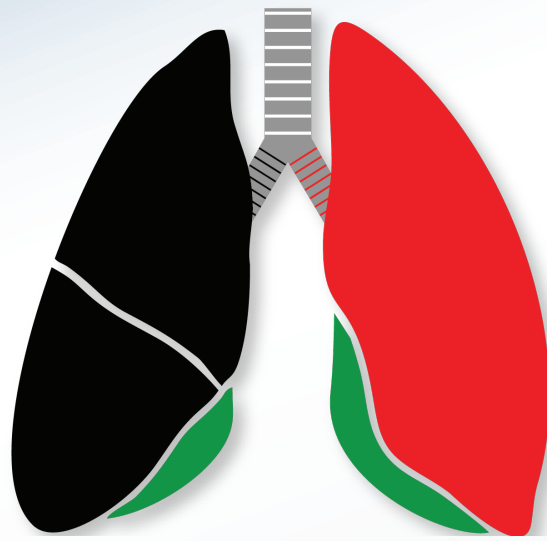
By focusing on gender-specific barriers and young people's unique needs, the research will contribute to improved TB outcomes and more equitable TB care services for young people in Kenya.

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