



ACCESS TO TREATMENT FOR NEGLECTED DISEASES – *Experiences In Marsabit County*

Presented by: Abduba Liban
CDSC, Marsabit County
On 9th February 2016 at the
ASTMH Conference

OUTLINE

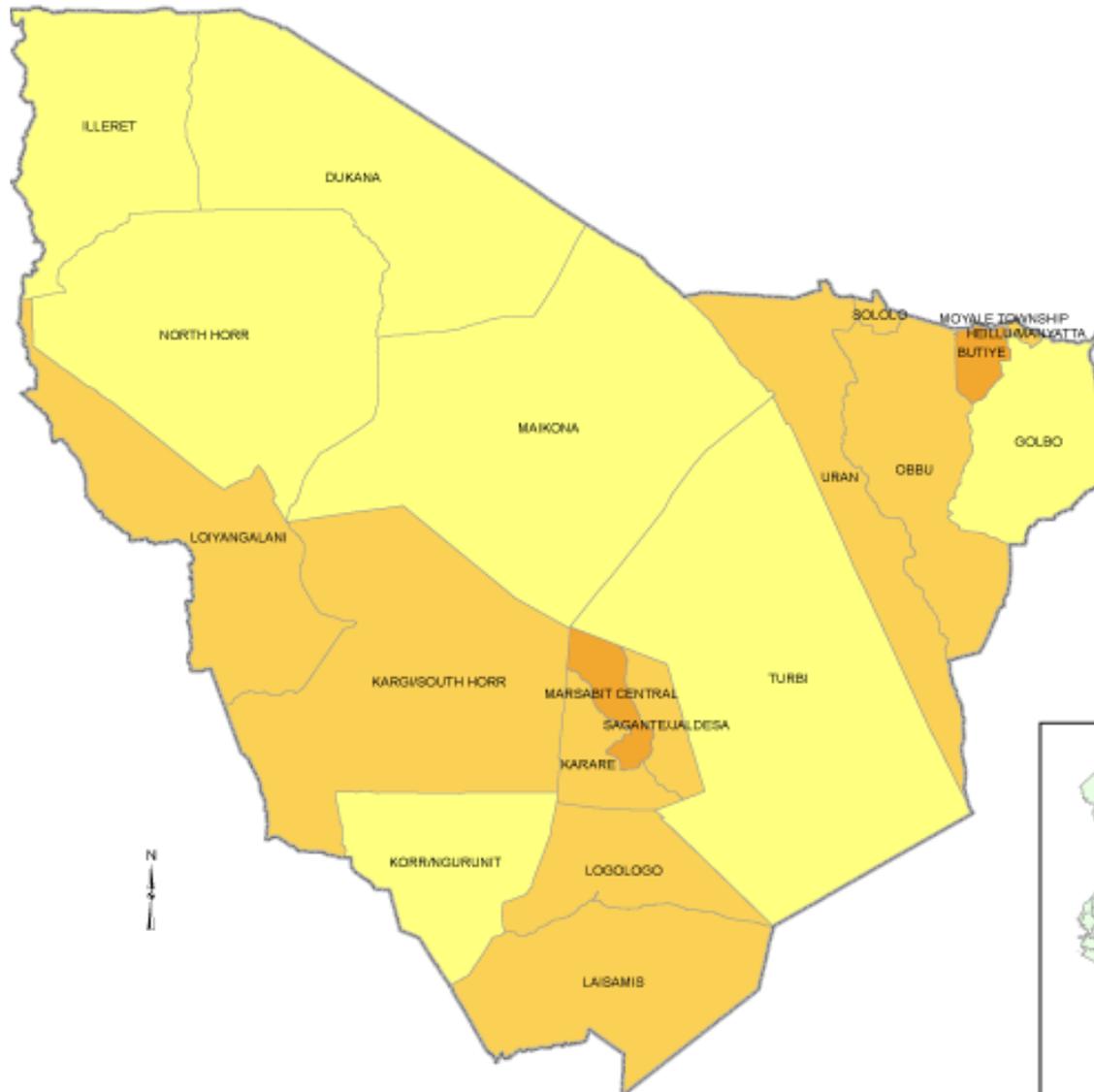
1. Brief county profile
2. Status of kala-azar marsabit county
3. Diagnosis and Treatment of Kala azar in Marsabit
4. Challenges of Accessing Treatment
5. Addressing the challenges at County Level
6. Way forward



Marsabit County



County Profile



Location of Marsabit County in Kenya



County Population

- | Sub county | Population |
|-----------------------|------------|
| Saku sub county | 53,387 |
| Laisamis sub county | 75,392 |
| North Horr sub county | 86,330 |
| Moyale sub county | 119,168 |
| Total population | 334277 |

Visceral leishmaniasis VL (Kala azar)

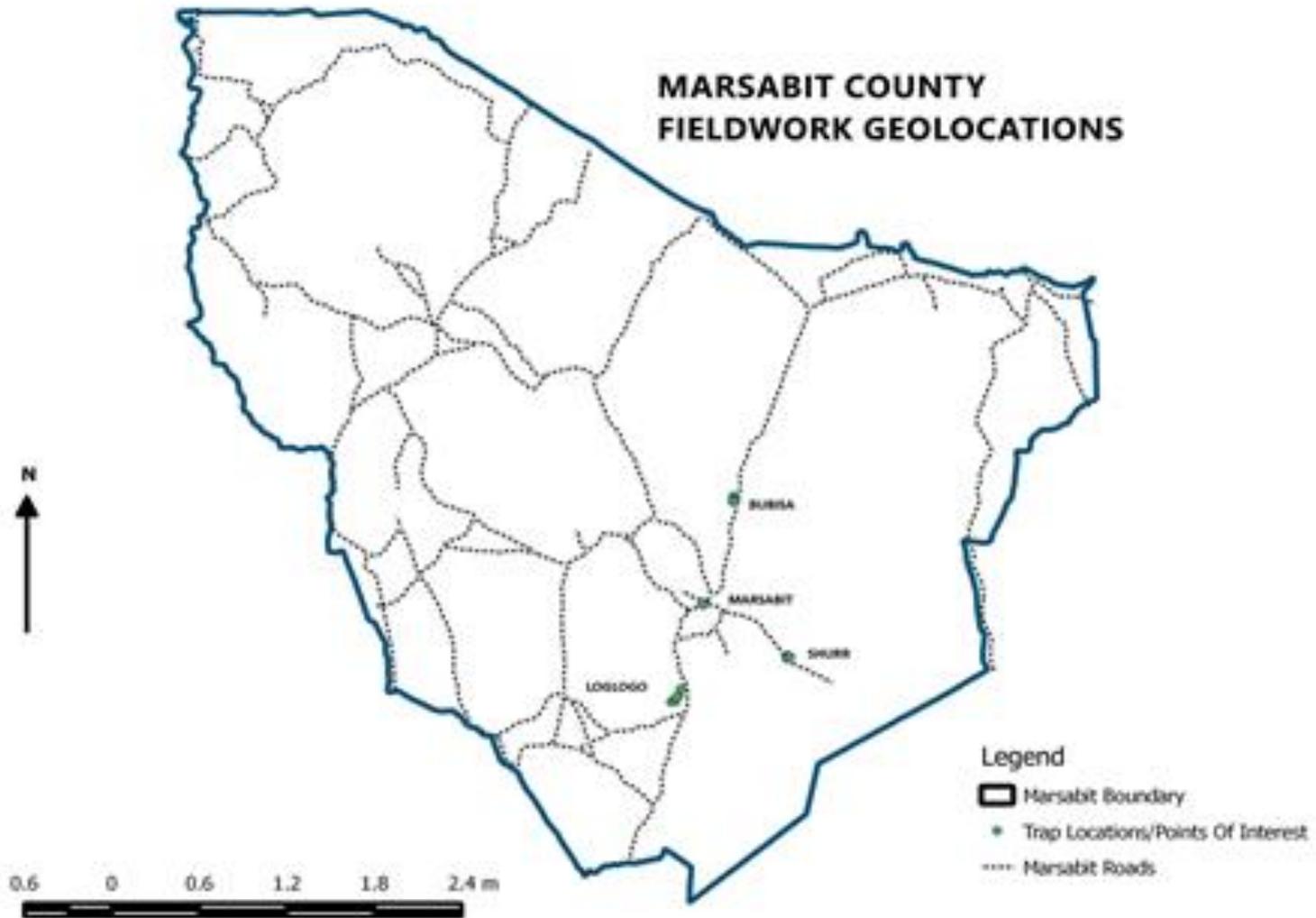
- Kala azar a systemic parasitic disease
- It is transmitted through infected female sand fly.
- There are three forms of leishmaniasis; **Visceral leishmaniasis (VL), Cutaneous, Muco-cutaneous**
- There are three endemic foci in kenya
 - **Northwest Kenya** - West Pokot, Baringo and Turkana
 - **Eastern Province** - Machakos, Kitui, Mwingi and kyuso
 - **North-eastern Province** - along the Somali border

Visceral Leishmaniasis in Marsabit

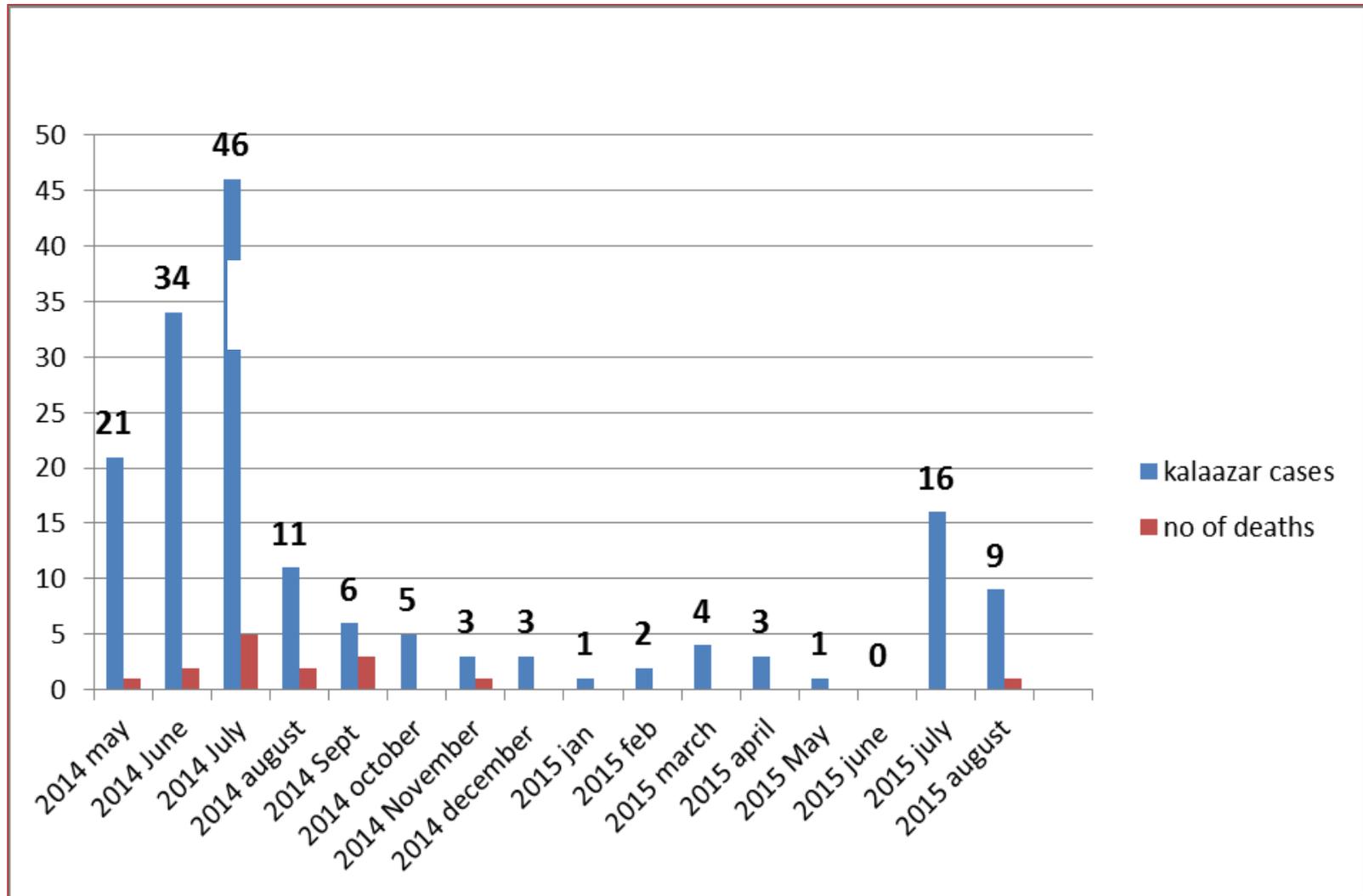
- VL is the common form leishmania in Marsabit
- VL is a new problem in Marsabit county
- There is only one treatment centre for kala azar in Marsabit – Marsabit Hospital
- Distance from the furthest endemic region to the centre is 500km



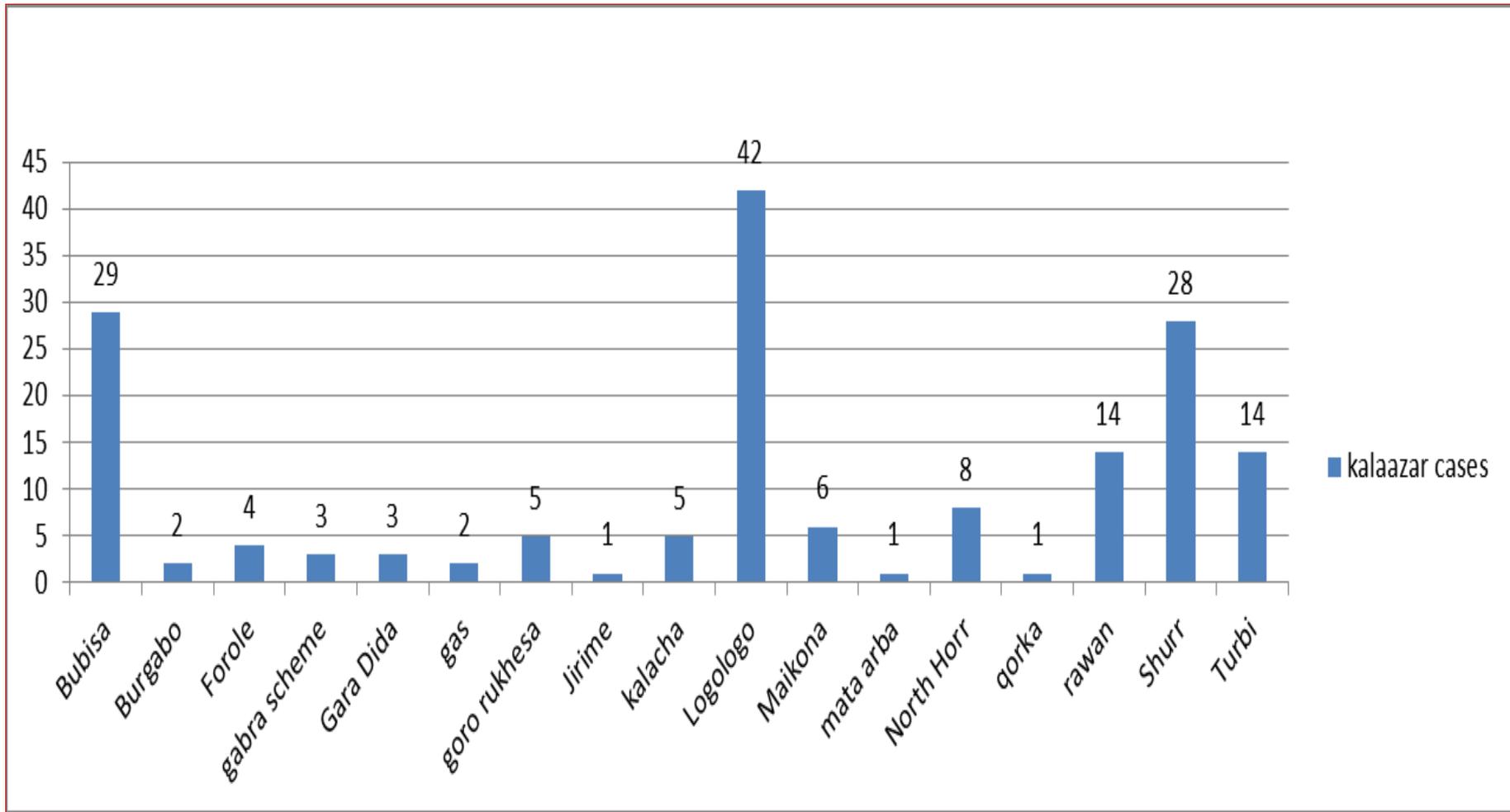
MARSABIT COUNTY FIELDWORK GEOLOCATIONS



Kala-azar Cases by Months



Kala-azar Cases by Locations



Diagnosis & Treatment of Kala-azar in Marsabit

Diagnosis and treatment is based on the Kenyan VL guidelines

Diagnosis

- A patient should be suspected in a patient from, or visiting, an endemic area who presents with:
 - Fever > 2 weeks
 - Splenomegaly
 - Weight loss
 - Diagnosis through rapid test kits – rK39



Diagnosis & Treatment of Kala-azar in Marsabit

Diagnosis and treatment is based on the Kenyan VL guidelines

Treatment

If patient is found positive after all differentials are ruled out, they are:

- Admitted in the hospital
- Placed on 17 day treatment with SSG & PM (first line treatment)
- Second line treatment - Ambisome



Challenges of Accessing Treatment

Community Level Challenges

- Distance to the treatment centre
- Lack of awareness of the disease
- Cultural practices (seeking traditional treatments for disease)

Supply and Purchase Challenges

- Treatments are available mainly through donations from partners
- Treatments are usually very expensive
- Treatments not usually available in KEMSA or MEDs



Challenges of Accessing Treatment

Health - Worker Level Challenges

- Lack of training of healthworkers:
 - Doctors administer SSG alone and do not adhere to SSG&PM
 - Leading to misdiagnosis
 - Very few health-workers are trained in specialized procedures such as bone marrow and splenic aspirates



Addressing the challenges at County Level

- Improved Surveillance and Reporting:
 - Reported the increase to next level of health system
 - Reinforced the surveillance system
 - Made weekly data reporting mandatory
- Treated all confirmed cases using appropriate drugs therapy
- Training of hospital and health centre staff in diagnosis and treatment protocols

Addressing the challenges at County Level

- Advocacy Communication and Social Mobilization:
 - Health education to the communities.
 - Created awareness on leishmaniasis prevention and control measures
 - Development and distribution of brochures and banners
 - Talk shows in local radio stations
- Undertaken vector surveillance and control measures



Conclusions and Way forward

- There is need to prioritize VL and purchase of treatments and diagnostics
- Improved awareness creation, advocacy and communication
- Consistency in supplies
- Training of health workers at facility level on kala azar
- Training of health care providers in bone marrow and spleen aspirates
- Intensification of control measures

Field retrospective data collection, Marsabit County, May – June 2014



Traditional treatment of kala-azar cases marsabit county May-June 2014



Blood sample collection, Marsabit County, May – June 2014



Kala-azar case investigation team, Marsabit County, May – June 2014



END

