

Hon. Prof. S. K. Ogeri – EGH, EBS, MP, MINISTER FOR PUBLIC HEALTH, KENYA

His Royal Highness - Prince Claus of the Netherlands,
Ms Eveline Herfkens – Netherlands Minister for Development Cooperation,
Dr Gro Harlem Brundtland – Director General of the World Health Organization,
Ms Mieko Nishimizu – Vice President of the World Bank,
My fellow Ministers and country representatives hereby present,
Representatives of the donor Community,
Members of the diplomatic community,
Distinguished guests,
Ladies and Gentlemen,

On behalf of His Excellency the President and the Government and the people of Kenya, I would like to convey my heart felt gratitude for the invitation and opportunity to take part in the deliberations of this important meeting.

Kenya is a third world country with a GDP per capita of US\$389. We have a population of 28 million over half who live below the US \$1 per day. We have a health structure shared between the Central Government and the private sector. Approximately half of the health facilities belong to the Government while a similar proportion of nurses are working in the public sector. Only slightly over 20% of the doctors are however working in public health facilities. Despite all these constraints, the Government is committed to providing universal health care facilities for all its citizens.

I would like to emphasize that for many years the Ministry of Health has had a National TB and Leprosy Control Programme which was formed in 1980. This programme has been supported jointly by the Government of Kenya and the Government of the Netherlands and has had technical support from the Royal Netherlands TB Association (KNCV) and the World Health Organization (WHO). In the period 1996-2000, the Netherlands has given a grant of Dutch Guilders 25 million (US \$ 11 million). Kenya also spent about US \$ 5 million on drugs alone admission and staff costs. We have a national coverage with the WHO recommended DOTS programme for over 5 years now. TB control is integrated at the district level and has maintained a treatment success rate of about 80% despite the huge challenge posed by the combination of TB with HIV epidemic. 10% of notified cases die during the 8 month of treatment. Probably a similar number dies without diagnosis in the country. The secret of our success has been Political commitment, donor support, good management and an assured drug supply nationwide.

In order to guarantee successful TB control in the future, my Ministry has involved TB experts in the formulation of the National Health Sector Strategic Plan and in overall Health Sector Reform Process. It is especially important to note that TB services in public institutions have been offered free of charge over the years. This service is however at risk because of the rising TB epidemic seen in the last decade.

From this slide you can see we have a 500% increase during that period. The highest increase is seen in the most productive population ie: 15 – 34 year age group. This impoverishes many households. has a big impact on poverty in Kenya. There are therefore very serious challenges for the future. This is especially so because unless the HIV epidemic is contained, it will be difficult to contain the TB epidemic. Currently, TB drugs are consuming a disproportionate share of my Ministry's budget for drugs.

We however cannot ignore the big dangers posed by inadequate treatment of TB with ensuing risk of Multi Drug Resistant tuberculosis (MDRTB) which would be unaffordable to treat. At this moment in time, we do not have primary MDRTB in Kenya. We are therefore exploring various ways of coping including community TB care, closer collaboration between HIV and TB programmes and looking for other partners in TB control including the private sector which as you saw in an earlier slide controls a huge share of health care facilities and personnel. Over the next five years, over 600,000 will be notified in Kenya. We therefore estimate that approximately US\$20 million will be required from donors to supplement Kenyan efforts for TB control. Most of these funds will go to the purchase of drugs.

I am therefore, very glad to be here and to share with the delegations of other high burden countries and our development partners on ways and means by which we can ensure sustained TB care in the future.

Various mechanisms have to be explored and this costs money. I would like to state that Kenya is considering all mechanisms including the possibility of forming a national tuberculosis fund which can receive contributions from the Government, the private sector and donors for support of TB control in the future.

I hope by the end of the next two days we shall be able to come up with good ideas for the benefit of TB control in the whole world. I thank you all for listening to me and I look forward to fruitful deliberations.