KENYA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2021

This is an overview of the USAID/Kenya FY 2021 Tuberculosis (TB) Roadmap, implemented with FY 2020 budget. It was developed in consultation with the National TB Program (NTP) and with the participation of national and international partners involved in TB prevention and care in the country.

TB is the leading infectious disease killer in Kenya. A 2015-2016 prevalence survey revealed a burden of 426 TB cases per 100,000 population—twice the burden of previous estimations.[1] In 2019, an estimated 140,000 persons fell ill with TB yet only about 84,345 were diagnosed and notified to the NTP.[2] This means that annually about 60 percent of the estimated TB cases are either not diagnosed or diagnosed but not notified to the NTP. Of the TB cases diagnosed and notified, a majority of them are men and 10 percent are children under 15 years.[3] Additionally, in 2019, Kenya had an estimated incidence of 2,200 cases of drug-resistant TB (DR-TB), only 508 of which were diagnosed and notified to the NTP.[4]

The National Strategic Plan (NSP) for TB, leprosy, and lung health 2019-2023 envisions a country free of TB and leprosy, and with a reduced burden of lung disease overall.[5] To achieve this the NTP needs to ensure the provision of quality care and prevention services for all patients suffering from TB, leprosy, and/or lung disease.[6] More specifically, by investing in patient-centered care, developing bold policies and building supportive systems, and investing in research and innovation, the NTP will be able to: close the gaps along the care continuum to find, treat, and cure all people with TB; differentiate its response by county to address the local TB priorities; optimize the integration of TB, leprosy, and lung health services in the universal health coverage (UHC) model; prevent TB (and related comorbidities) infection, progression to active disease, morbidity, and mortality; and implement a patient-centered approach that promotes quality of care.[7]

The proposed FY 2020 USAID TB budget for Kenya is $6 million. With this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

To improve access to, and quality of, the diagnostic network, Kenya will need to: ensure the adequate provision, maintenance, and management of Xpert® MTB/RIF (GeneXpert)

[1] Enos, Masini, et al. *Kenya tuberculosis prevalence survey 2016: Challenges and opportunities of ending TB in Kenya.*
[2] World Health Organization. *Global Tuberculosis Report, 2020.*
[3] Ibid.
[4] Ibid.
[5] National TB, Leprosy and Lung Disease Program. *National Strategic Plan for TB, leprosy, and lung health 2019-2023.*
[6] Ibid.
[7] Ibid.

instruments and their related commodities; maintain a robust sample referral network; maintain microscopy equipment and related supplies; conduct capacity building activities for laboratory staff; expand the network of laboratories that are able to perform culture, drug-susceptibility testing (DST), and line probe assays (LPAs); and facilitate the adoption of other rapid diagnostics. USAID has supported these efforts with a broad range of activities, including the roll-out of novel diagnostics (e.g. urinary lateral flow lipoarabinomannan assay [LF-LAM] tests), developing an effective diagnostic network (e.g. trainings, review boards, knowledge sharing forums, etc.), external quality assessment for smear microscopy, and increasing access to DST by supporting specimen transport. Additionally, USAID supported the implementation of active case finding (ACF) in public and private health facilities, school health programs, and other settings. Moving forward, USAID will continue to support the improvement of existing systems and the roll-out of new diagnostics to create an effective diagnostic network; activities will include strengthening the sample referral network, laboratory maintenance support, and laboratory certification and quality assessment activities. Additionally, USAID will aid in developing and implementing the necessary policies for TB diagnostics, both through technical working group participation and the provision of technical assistance (TA) through NTP-embedded advisors.

Engaging all care providers

With a large percentage of patients seeking care from private health providers, engaging the private sector in the provision of quality TB services and care is a priority for the NTP. USAID support has helped the NTP in strengthening the public-private mix (PPM) of TB activities by: providing customized tools to the private sector; adopting both formal and informal private sector engagement models, including corporate engagement for TB in the workplace and engagement with professional associations; strengthening leadership in PPM through coordination and sensitization meetings; and helping to develop and implement private sector engagement policies through NTP-embedded advisors. While the NTP and USAID have already employed various strategies and approaches to better engage all providers, TB case yield from the private sector remains low. Moving forward, USAID will continue to scale-up private sector engagement while building the capacity of private health providers to provide quality TB services and care through supportive supervision and TA, and to report and notify TB patients through user friendly digital solutions and incentivization schemes. Additionally, USAID will ensure private providers are linked to quality diagnostic services in the public sector and existing community support structures to increase treatment adherence. Helping to ensure that private laboratory systems are also able to provide access to quality TB diagnostic services is also a priority. At the higher levels, USAID will also continue to facilitate the sensitization and engagement of private providers through various meetings, conferences, and forums, and will aid the NTP in monitoring the impact of the private sector by helping evaluate performance data and monitoring trends.

Community TB care delivery

The NSP presented a plan for the integration of TB in the existing community-based health initiatives. This plan focuses on increasing care-seeking behaviors by employing patient-centered communication strategies; building political support and establishing collaboration to mobilize local domestic resources, empower community actors, stakeholders, and TB champions; implementing systematic screening of key populations; and prioritizing community-based access to TB prevention. To support these activities, USAID conducted campaigns to raise awareness on TB and demand for TB services, and supported the review of the community and advocacy strategy. USAID also supported the training of TB champions, and engaged with the NTP to provide TA. Moving forward, USAID will support: the promotion of community-based care seeking and prevention through outreach to key populations in ten high-burden counties; the inclusion of digital media in community awareness activities; World TB Day events; the sensitization of community leaders; the involvement of corporate entities in workplace TB activities; and capacity building activities for private sector clinicians and TB champions. Additionally, USAID will provide TA to (1) support the development of community TB care delivery that will include TB prevention efforts, and (2) continue to promote the need for fostering and monitoring community engagement. USAID will also work with the NTP to engage multisectoral stakeholders, including other government entities (e.g., the Ministry of Housing, Education, and Labor), in ensuring comprehensive care support is available at the community level. Given the evolving COVID-19 situation, USAID will continue to support the NTP in implementing the NSP and making progress towards country targets, by offering TA to scale-up community-based TB screening and treatment.

CURE

Drug-susceptible TB (DS-TB) treatment

The NTP has already taken steps to improve the quality of care and treatment outcomes for patients with drug-susceptible TB (DS-TB). This includes quarterly cohort and data review meetings and supportive supervision and TA to county- and district-level TB staff, as well as the implementation of various capacity building activities (such as training). Additionally, the NTP has taken steps to ensure that DS-TB patients have access to nutrition support services and that those with comorbidities are properly referred for further management. To support these activities, USAID has provided TA and other support to the county and sub-county levels to ensure that healthcare providers and facilities are providing high-quality TB care, and to the sub-national level TB programs to enhance the use of data for decision making. Additionally, at the NTP level, USAID provided TA, through NTP-embedded advisors, to strengthen the quality of care of DS-TB patients, help develop and revise guidelines, and help ensure effective engagement of other TB donors like the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). Moving forward, USAID will support the NTP in developing a more holistic TB care package that includes nutritional and psychosocial support to TB patients and their

families. Additionally, USAID will continue to help support county- and sub-county level supportive supervision efforts.

Multidrug-resistant TB (MDR-TB) treatment

Great progress has been made in improving the treatment success rate for DR-TB patients. The NTP has been able to improve the management of DR-TB cases by implementing a universal DST policy, strengthening the specimen transport system, supporting the continued maintenance of GeneXpert instruments, and actively monitoring patient progress. Additionally, the NTP has also strengthened active drug safety monitoring (aDSM) and is rolling out all-oral treatment regimens. USAID supported these activities by: establishing DR-TB Centers of Excellence (COEs), including conducting capacity building interventions for healthcare workers in the COEs; supporting DR-TB clinical review meetings in ten counties; and enhancing DST surveillance through specimen transportation support. The embedded NTP advisors also provided TA in establishing and capacitating COEs and helped maintain the quality of care provided at the COEs. Moving forward, USAID will support: clinical review meetings in 10 counties and 74 sub-counties; capacity building of clinical teams at the facility level for the management of DR-TB patients, including addressing the quality of DR-TB reporting through training and TA; enhanced sample testing and turnaround times for test results by providing TA; monitoring of aDSM; and logistical support to the annual Green Light Committee mission.

PREVENT

Prevention

While efforts have been made to scale up TB preventive therapy (TPT) to people living with HIV (PLHIV) and under-five child contacts, more will need to be done to expand and further scale up these efforts to include adolescent and adult household contacts and other high-risk groups. The NTP recognizes the need for this scale-up and for increased access to shorter and safer TPT options. USAID-supported activities include the policy development as well as revision and dissemination of the TPT and infection prevention and control guidelines; updating the TPT module within Kenya Ministry of Health's (MOH) Program Management System for Tuberculosis (the TIBU data surveillance system); and integrating TPT in TB performance review meetings. Moving forward, USAID, through the NTP-embedded advisors, will support the revision, finalization, and dissemination of new TPT guidelines that include the new target populations and TPT regimens. Additionally, the embedded advisors will work with the NTP to ensure that consistent, timely, and accurate TPT data is being collected and used.

SELF-RELIANCE

Commitment and sustainability

The NTP has done a great job of strengthening national policy frameworks and managing its resources while also supporting an increase in domestic resources for TB and building the capacity of the overall health system. To support these efforts, USAID provided TA to help develop the NSP and support the associated application process for the Global Fund grant, which includes domestic resource mobilization efforts at the county level. Moving forward, USAID will support the development of county integrated development plans, including the integration of strategic frameworks and costed TB activities. To ensure alignment of resources for the NSP and address specific intervention areas across TB donors and stakeholders, USAID will also participate in the annual TB programming meeting. Additionally, USAID has signed county-level memoranda of understanding (MOUs) with ten counties committing to collaborating to support the promotion of inclusive and sustainable economic, social, and political development of the counties; together with county leadership, TB-specific addendums will be added to these MOUs to further accelerate TB elimination.

Capacity and functioning systems

The NTP and MOH recognize the importance of building resilient systems for health service delivery, building the capacity of health workers and TB coordinators, and strengthening the TB surveillance system. USAID supported these priorities by providing TA and logistical support to help the NTP use data for decision making and to ensure the collection of quality data at the sub-national level. USAID also built the capacity of healthcare workers and TB coordinators through training. By supporting the development and maintenance of the TIBU data surveillance system and providing the necessary internet connectivity, USAID supported the NTP in ensuring the timely and accurate reporting of TB data from health facilities. Moving forward, USAID will continue to support the training of TB coordinators in using data for decision making and will also pursue innovative strategies (such as online learning platforms, facility-based sensitizations, regional training hubs, etc.) to ensure the maintenance and continued building of that capacity. Moreover, USAID will ensure the sustainability of TB prevention and care efforts at the county level by strengthening private sector engagement (for both private healthcare providers and private labs) and their capacity to advocate to further mobilize resources for TB services.