

KENYA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2022

This is an overview of the USAID/Kenya FY 2022 Tuberculosis (TB) Roadmap, implemented with FY 2021 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 2020, an estimated 139,000 persons fell ill with TB, yet only about 71,060 were diagnosed and notified to the NTP.² This means that annually about 49 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 eight percent are children under 15 years.³ Additionally, in 2020, Kenya had an estimated incidence of 2,300 cases of drug-resistant TB (DR-TB), only 601 of which were diagnosed and notified to the NTP.⁴ Alongside people with TB and their contacts, other vulnerable population groups facing TB infection and control challenges are slum dwellers, uniformed personnel, people living with HIV/AIDS (PLHIV), healthcare workers, refugees, prisoners, those with diabetes or who are malnourished, men ages 24-34 years, and the elderly over age 65.

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 people suffering from TB, leprosy, and/or lung disease.⁶ More specifically, by investing in people-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 people-centered approach that promotes quality of care.⁷

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.*

The COVID-19 pandemic has had far-reaching effects on the global TB response, threatening to erase years of progress. As a result of COVID-19 and associated measures to control it, one million fewer people in the 23 countries where USAID focuses TB programming had access to TB diagnosis and treatment in 2020, compared to 2019—representing a more than 20 percent decline. In Kenya, there was a 16 percent decline in TB case notifications and a 12 percent decline in DR-TB case notifications in 2020, compared to 2019. Observed and reported disruptions on TB programming include: (1) People avoiding visiting health facilities due to fear of being presumed and tested for COVID-19; (2) Interruption of community health services delivery, like contact tracing; (3) Treatment interruption occasioned by lack of access to health facilities due to partial lockdown and restriction of movement or ‘self-transfer’ by people with TB; (4) Rationalization of Human Resources for Health (HRH) to support COVID-19-related activities; and (5) designating health facilities as COVID-19 isolation centers. As outlined in this Roadmap, USAID continues to work with in-country partners and stakeholders to update policy guidelines to ensure continuity of TB care, strengthen bidirectional screening and testing for Covid-19 and TB, and to monitor and mitigate the impact of subsequent waves of COVID-19 resurgences on TB programs and build more resilient TB programming.

The proposed FY21 USAID TB budget for Kenya is \$7 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 GeneXpert 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. With FY21 funds, USAID will continue to support the implementation of active case finding (ACF) in public and private health facilities, school health programs, and at the community level through outreach interventions using Computer Aided Detection (CAD) software and portable Truenat instruments. USAID will also support using GeneXpert for bidirectional screening and testing for

TB and COVID-19. 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 people with TB 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. While the NTP and USAID have employed various strategies and approaches to better engage all providers, TB case yield from the private sector remains low. With FY21 funds, 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 people with TB through user-friendly digital solutions and incentivization schemes. Additionally, USAID will ensure private providers are engaged in implementation of the NTP's policy on bidirectional screening for COVID-19 and TB, and 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 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 focuses on increasing care-seeking behaviors by employing people-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. The COVID-19 pandemic heightened social stigma and discrimination toward individuals displaying respiratory symptoms, resulting in delays in access to care for individuals with TB. To alleviate TB and COVID-19 stigma at the community level, USAID will use FY21 funds to support education and advocacy campaigns that promote community-based TB care seeking and prevention through outreach to key populations in ten high-burden areas; the inclusion of digital media in community awareness activities; 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 toward 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 people with DS-TB. This includes quarterly cohort and data review meetings and supportive supervision and TA to county- and district-level TB staff, implementation of various capacity building activities (such as training), as well as differentiated service delivery for TB and HIV which was rolled out in 2020/21 to strengthen person-centered care. To further enhance these activities, USAID will support a national roll-out and implementation of the guidance on longer drug refills for those with TB during the COVID-19 pandemic, dissemination of the revised TB guidelines, and incorporation of quality improvement approaches into routine program planning to improve uptake. Support will also be provided to the implementation and monitoring of quality improvement approaches based on the TB Quality Improvement Framework, regular data review and validation of care cascades, and improving quality of TB care at the national and county levels. At the NTP level, USAID provided TA, through NTP-embedded advisors, to strengthen the quality of care of people with DS-TB, 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 digital adherence technologies and nutritional and psychosocial support to people with TB and their families to improve treatment success.

Multidrug-resistant TB (MDR-TB) treatment

Significant progress has been made in improving the treatment success rate for people with DR-TB. 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 adopted all-oral treatment regimens for MDR-TB in 2020. In FY21, USAID will continue to support: scale up of DR-TB detection, sputum

transportation, and access to second-line DST for better MDR-TB diagnosis; quality improvement of DR-TB treatment services through cohort analyses and psychosocial support and education; use of optimized short regimens; expanded use of new drugs and regimens; and elimination of catastrophic DR-TB out-of-pocket costs. USAID will support capacity building for healthcare staff on DR-TB management through Continuous Medical Education (CME) and mentorship.

PREVENT

Prevention

While efforts have been made to scale up TB preventive treatment (TPT) to PLHIV and under-five child contacts, more is needed 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, and has committed to put over 700,000 people with TB infection on TPT between 2018 and 2022. With FY21 funds, USAID will also focus support on capacity building of healthcare workers and provision of learning materials, strengthening contact management processes to identify those eligible for TPT through engagement of community health volunteers to trace contacts and refer them to the facility for screening to stem transmission in high-risk settings and populations.

SUSTAINABLE SYSTEMS

Commitment and sustainability

While there remain persisting barriers to government commitment to ending TB and sustainability of TB programming, notably the limited multidisciplinary engagement in TB response, the NTP has made great strides in strengthening national policy frameworks, increasing domestic resources for TB, and building the capacity of the overall health system. USAID has supported the development of county strategic and operational frameworks for all 47 counties, as well as support to the Nairobi TB Free City initiative to address TB control efforts in Nairobi, which accounts for 15 percent of the country's TB burden. USAID will continue to support the development of the TB Multisectoral Accountability Framework and the launch of new interventions to engage non-health sectors to invest in TB control. USAID will provide technical support to the TB program on improving governance, accountability, policies, and partnerships. In line with the NSP, USAID will also support the NTP in promoting sustainable financing of TB services and social inclusion for improved health outcomes. These efforts will involve key stakeholder engagement to strengthen health systems governance and structures and gradually increase the volume of domestic resources for health and TB services from both public and private sectors, improving equity in health financing and accessibility of affordable quality TB care and treatment services to further accelerate TB elimination.

Capacity and functioning systems

The NTP and Ministry of Health 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 subnational 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.