



KENYA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2024

This is an overview of the USAID/Kenya FY 2024 Tuberculosis (TB) Roadmap, implemented with the FY 2023 budget. The roadmap 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.

Estimated TB incidence declined in Kenya, from 156,000 in 2017 to 128,000 in 2022, partly due to the increasing number of people notified with TB. Notifications have been steadily increasing since 2020, and preliminary data from 2023 show notifications will surpass pre-pandemic levels. However, 2022 data still show a significant gap in case finding, with 69 percent of estimated people with TB notified and only 18 percent of estimated people with DR-TB notified. The percentage of people with TB who are bacteriologically confirmed has fallen slightly in recent years to 59 percent in 2022. Drug-sensitive (DS-TB) treatment success rate (TSR) has increased to 87 percent, while MDR-TB TSR is 77 percent. Similarly, there was a 10 percent decline in TB notifications between 2018 and 2019 and a further decline of 15 percent between 2019 and 2020. In 2021, however, the Kenya National TB Program (NTP) reported a 7 percent increase in notifications compared to 2020 and a further 17 percent provisional increase in 2022¹, signaling recovery from COVID-19.

The National TB Control Strategy's Vision is to have Kenya free of TB and leprosy and reduce the burden of lung disease. The Mission is to ensure quality care and prevention services for all people in Kenya with TB, leprosy, and lung disease. The National Strategic Plan (NSP) has five objectives and critical interventions:

1. **Increase TB preventive treatment (TPT) coverage among eligible people from 32 percent in 2021 to 80 percent by 2028** with the scaling up efforts in TB prevention, promoting the use of shorter TPT regimens, and screening for TB infection using new TB antigen-based skin tests.
2. **Increase treatment coverage for DS-TB and drug-resistant TB (DR-TB) from 52 percent and 69 percent in 2021 to 70 percent and 80 percent by 2028** through critical interventions that include expanding case finding to all clinical settings, strengthening TB services for high-risk groups, institutionalizing contact management for all bacteriologically confirmed individuals with TB and children with TB, and involving all care providers operating outside the NTP networks in TB case detection and management.

¹ Kenya national tuberculosis program provisional data



3. **Increase the treatment success rate for DS-TB and DR-TB from 84 percent and 77 percent in 2021 to 95 percent and 85 percent, respectively, by 2028** through improvements to the quality of care through person-centered approaches to reduce unfavorable outcomes, promote nutritional care and support for individuals with TB, and ensure appropriate TB treatment for all detected individuals. In addition, it improves the capacity for DR-TB treatment and the social welfare of individuals with DR-TB.
4. **Strengthen the provision of integrated TB/HIV and other comorbidities services at national and sub-national levels by 2028** by optimizing systematic screening for TB disease among people living with HIV (PLHIV), use of digital chest X-ray (CXR) with computer-aided detection (CAD) as a screening tool, and molecular WHO-recommended rapid molecular diagnostic tests (mWRD) tests for TB diagnosis and scaling up the use of LF-LAM test in eligible people living with HIV/AIDS (PLHIV). In addition, the program will strengthen diagnostic and care approaches for individuals with non-communicable diseases (NCDs) (diabetes, mental health, and lung cancer) and provide bidirectional screening and diagnosis of TB and COVID-19.
5. **Strengthen program management, coordination, and accountability of TB services by 2028** with a new NSP (2023/24-2027/28) focusing on strengthening committed leadership at the national, county, and sub-county levels; promoting effective program stewardship, reducing delays and disruptions in the execution of activities, and increasing the institutional capacity of the program; strengthening links between national, county and sub-county levels in matters of planning, programming, and advocacy; and advocated for goodwill and support by high-level of stakeholders, and for effective implementation of the Multi-Sectoral Accountability Framework (MAF) for resource mobilization.

The proposed FY 2023 USAID TB budget for Kenya is \$10 million. With this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

USAID will maintain and sustain support to optimize sample referral systems for mWRDs, culture, Drug Susceptibility Test (DST), and Line Probe Assay (LPA) across the testing networks, sub-counties, and counties. To strengthen external quality assessment (EQA) systems for existing TB diagnostic testing methods in Kenya, laboratory manuals, curricula, and algorithms, USAID will train and retrain super users and new staff on mWRDs and acid-fast bacillus (AFB) testing and supervision for mWRD sites and support rolling out a robust laboratory commodity allocation tool, mWRDs scale-up, and stool sample testing using GeneXpert for children. USAID will also conduct active case finding (ACF) at the community level through outreach interventions using digital X-ray devices with CAD software and



portable Truenat instruments. USAID will also support the NTRL in decentralizing lab services and strengthening second-line DST testing and the ongoing TB diagnostic network assessment (DNA) recommendations aimed at optimizing diagnosis for individuals with TB.

Engaging all care providers and the linkages among care providers

In FY 2024, USAID will continue engaging all care providers including private (for-profit and not-for-profit) and faith-based organizations, ensuring they provide TB services geared towards finding all the missing people with TB. Health workers from all sectors will be trained and mentored on ACF guided by the integrated TB curriculum. Additionally, counties will be trained on Program Quality Improvement and Efficiency (PQE) to ensure quality improvement for TB care and minimize losses along the care cascade. USAID will support the NTP in expanding the engagement of private providers beyond the health sector, including other key players like the Ministry of Labor and the workplaces/corporate sector outlined in the multisectoral accountability framework and workplace policy for TB.

A facility-based application, t-bu Lite, a lighter version of the country's TB surveillance system TIBU developed by the NTP with support from USAID and other development and implementing partners, will be rolled out for use in the entire country. This will improve the recording and reporting of TB data along the continuum of care and ensure that all TB diagnosed individuals are notified.

Community TB care delivery

In FY 2023, USAID will continue supporting the NTP in raising awareness about the TB disease and creating demand for TB services. Advocacy, communication, and social mobilization activities will be carried out in the community; these will include population-based advocacy campaigns and community-based mass education. Workplace TB activities targeting men, a key and vulnerable population in the country, will be scaled up, guided by the recently launched National Workplace Policy for TB in Kenya.

USAID will also continue engaging with community health units to support community-based ACF activities. These will include TB screening outside health facilities through targeted outreach to vulnerable and marginalized populations in multiple counties. Digital CXR (+CAD) machines will be used to increase screening sensitivity, and those identified with presumptive TB symptoms will be identified and referred. Community units will be linked to the existing sample referral networks to increase access to diagnosis. The community health volunteers will conduct contact tracing and management, and those found to have TB symptoms will be linked to the health facilities for further evaluation and TPT initiation.



CURE

Drug-susceptible TB (DS-TB) treatment

USAID funding will support a range of interventions aimed at improving the quality of TB care and reducing the burden of TB in Kenya:

- Optimizing differentiated service delivery approaches to TB treatment,
- Disseminating revised TB guidelines.
- Incorporating quality improvement approaches into routine programming,
- Conducting regular data reviews and care cascades at national, county, and sub-county levels.
- Introducing digital adherence technologies to improve compliance with treatment and address loss to follow-up.
- Disseminating health worker job aids and tools for improved access to treatment-supportive services such as counseling,
- Providing nutritional and active drug safety monitoring and management (aDSM) interventions,
- Conducting contact management, joint work planning, and program implementation,
- Supervising all TB control zones.
- Advocating to improve patient and community TB awareness.
- Conducting mortality audits to explore contributors to death among individuals with TB.
- Using TB performance wall charts at the facility level to support the use of data at service delivery levels.
- USAID will also support national discussions on strengthening NCD integration, including mental health, alcohol and drug abuse, diabetes, hypertension, and post-TB lung disease care; their funding in FY 2024 will strengthen timely reporting and support forecasting and quantification.

MDR-TB treatment

To reinforce the programmatic management of drug-resistant TB (PMDT), USAID plans to increase case finding through strengthening contact management, scaling up DR TB surveillance services, and providing access to second-line DST. Furthermore, the program will implement quality improvement of DR-TB treatment services by providing site-level interventions, health



worker training, targeted TA visits, patient education, and counseling. The country also plans to adopt the short term all-oral (BPaL/BPaLM) and child-friendly DR-TB regimens and integrate DR-TB surveillance with other childhood TB services. USAID will work with stakeholders to strengthen pharmacovigilance and aDSM in Kenya, including coordination between relevant agencies.

The country will ensure adequate second-line TB drug availability, scale up treatment capacity, including expanded community services and treatment at home, and improve the quality of DR-TB treatment services through cohort analyses to ensure effective PMDT. Interventions will be implemented to reduce primary and early loss to follow-up, ensure rapid initiation of treatment, and eliminate catastrophic DR-TB individual costs. Finally, USAID will support the country's monitoring and reporting on relevant core indicators to track progress and success.

PREVENT

Prevention

The country will strengthen forecasting and quantification, timely submission of consumption reports, automation, and timely allocation and distribution of TPT commodities to ensure the security of TPT commodities. The program will also support multi-stakeholder TPT commodity security meetings. The goal is scaling up the uptake of shorter TPT regimens in all counties through contact tracing management, and capacity building of health workers at all levels within the health system; all 47 counties been trained on TPT from the county to the community level.

The country will create more demand for TPT by advocating for engagement of the Community Strategy to provide community-led, people-centric TPT. This will include capacity building and sensitization of eligible individuals and care providers to improve buy-in for the newer TPT regimens. The program will focus on infection prevention and control, including improved administrative and environmental controls, personal protective equipment systemic utilization, health worker surveillance, and safety measures and interventions to interrupt the chain of transmission in high-risk settings or among high-risk populations. TB infection diagnosis, such as by IGRA and other diagnostics, will also be a priority; adherence to monitoring, recording, and reporting systems for TB preventive treatment will be strengthened.

INNOVATE

Interventions that will be supported with FY 2023 funds

To boost the country's research agenda, USAID, using FY 2023 funds, intends to support the NTP in outlining clear and implementable co-owned research priorities, building research repositories, and implementing structured dissemination and knowledge translation plans. USAID will also continue research-capacity-building activities for the counties and support the implementation of nationally agreed surveys, such as a Drug Resistance Survey. Overall, these efforts aim to strengthen the country's TB control efforts by improving the use of data for



decision-making, addressing barriers to access TB care services, and enhancing the country's research capacity.

Scale up of New Tools

USAID aimed to increase access to molecular diagnostic tools and strengthen TB control by introducing new tools like ultra-portable digital chest X-ray machines fitted with artificial intelligence (AI), Truenat MTB/RIF assay, IGRA for TB infection diagnosis, digital adherence technology, shorter TPT regimens, and Tibulims for connectivity of instruments to support data reporting and access.

In FY 2024, USAID plans to scale up the use of new tools in the country through enhancing coverage, connectivity, and capacity building for the new tools. This will involve piloting new approaches in select locations, assessing their impact, and expanding successful models in other areas of the country.

SUSTAIN

Commitment and sustainability

The NTP identified several priority interventions to achieve its goals, including improving governance and accountability, increasing domestic resources, and engaging with non-state partners. To improve governance and accountability, the NTP will implement the Partnership Statement with USAID, improve NTP processes, strengthen the TB legal framework, increase transparency and accountability, and involve community-based organizations and civil society in the TB response. The NTP will also work to improve the management and implementation of Global Fund grants, develop TB purchasing arrangements with national health insurance authorities, and outsource TB services to non-governmental entities.

USAID will support regional cross-border TB activities to improve regional health systems, establish interoperable health information systems, and strengthen the Intergovernmental Authority on Development's (IGAD's) capacity to harmonize cross-border health policies and regulations. These interventions will work together to strengthen the TB response in Kenya and contribute to the goal of ending TB by 2030.

Capacity and functioning systems: Procurement and supply chain management (PSM)

The country will undertake a range of strategies to strengthen the procurement and supply chain management of TB commodities, including enhancing quantification, forecasting, procurement, distribution, and regulatory systems for TB medicines and supplies, and fast-tracking tax clearance for these products.

USAID will continue providing third-party monitoring activities to ensure the implementation and scaling up of USG-procured commodities and minimize fraud, waste, and abuse. Additionally, USAID will support quarterly meetings of the commodity technical working groups/committee of experts to streamline forecasting, quantification, and distribution of laboratory and drug



commodities.

Monitoring and evaluation (M&E) and Health Management Information Systems (HMIS) [and implementation of the Performance-Based Monitoring and Evaluation Framework (PBMEF)]

In FY 2024, USAID will continue supporting routine TIBU-managed services to ensure zero downtime, development of the NTP's Annual Report, bundling, and airtime for the TB coordinators to facilitate timely notification of TB cases, and for laboratory coordinators for GeneXpert/Truenat machines relaying of results. USAID will also support other activities, including annual joint work planning meetings, the County Performance Review Meetings, TIBU enhancements and training, and Data Quality Audits. This will also involve strengthening the integration of TIBU with KHIS, Kenya EMR, and other relevant information systems in the country. All USAID Implementing Mechanisms receiving TB funds will align their MEL plans to the TB PBMEF.

Human Resources for Health (HRH)

In FY 2024, USAID will continue providing technical support to the NTP through the embedded TB advisors – these (and additional advisors) will be supported through local mechanisms moving forward. USAID will also continue to support HCW capacity building using various methods, including digitization of guidelines and provision of incentivized, self-paced online courses for HCWs across the various sectors such as the private entities. USAID will continue championing the adequate inclusion of TB in pre-service training curricula.