Tuberculosis control in Kenya

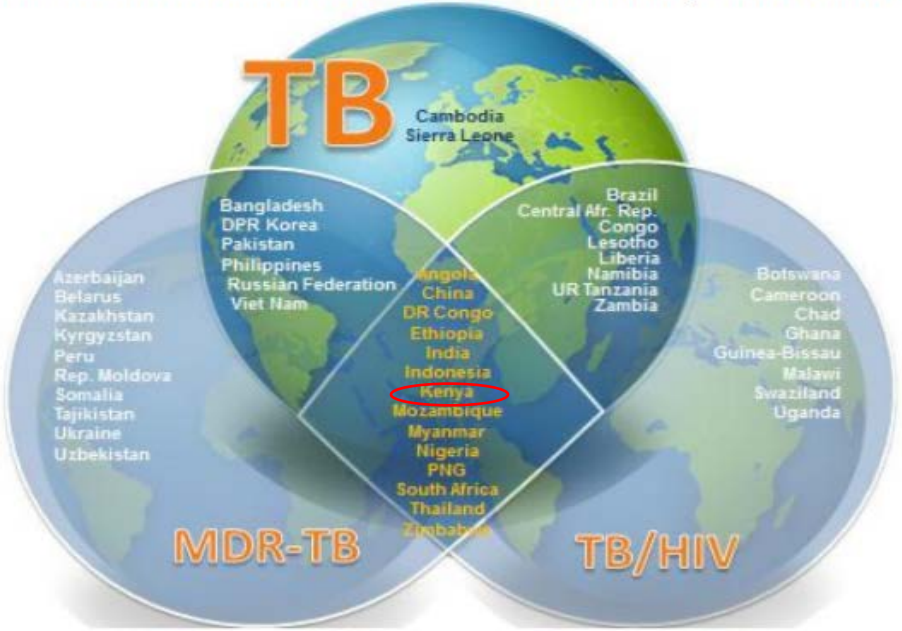
Towards Ending TB by 2035

Outline:

- Background
  - TB Trends
  - Gene Xpert and DR TB
  - TB/HIV
- TB surveys findings
- Current program
- Successes and challenges
- New Program Description
- Monitoring and Evaluation
- Kenya 2018 TB targets
- Q&A

Position of Kenya Globally

Figure 1: The three HBC lists of 30 countries each that will be used by WHO 2016–2020

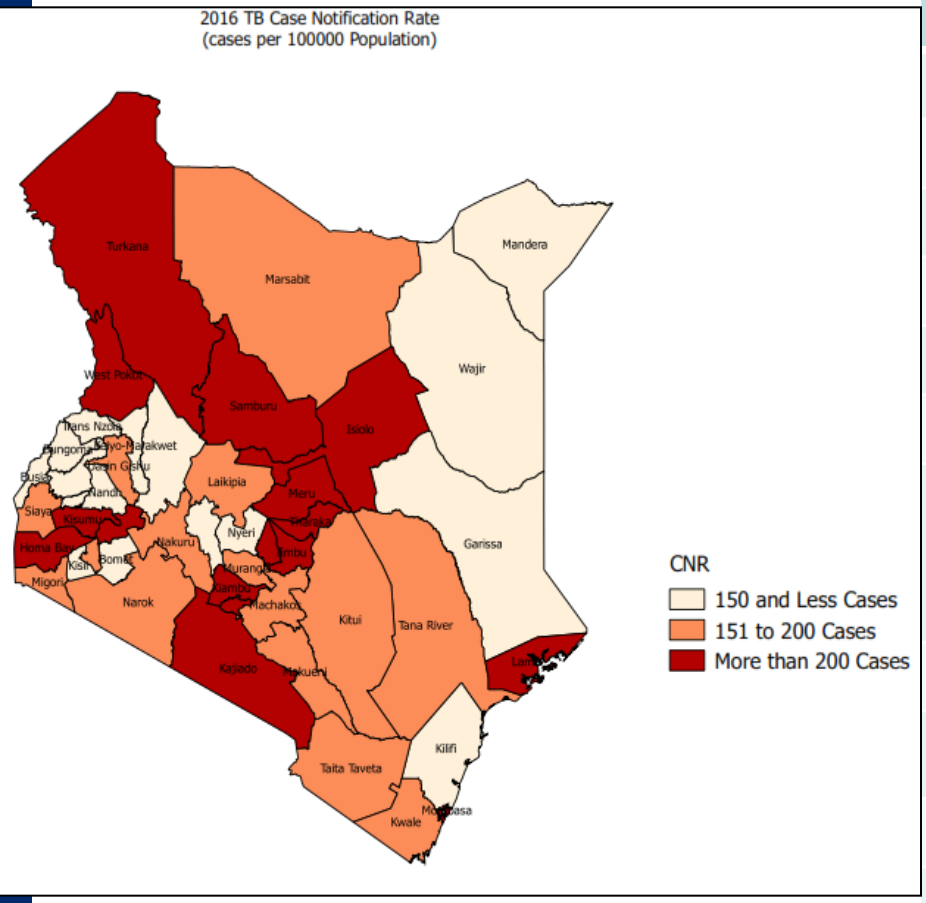


WHO's Strategic and Technical Advisory Group for TB (STAG-TB), June, 2015.
(Use of high burden country lists for TB by WHO in the post-2015 era)

Organization of TB service delivery

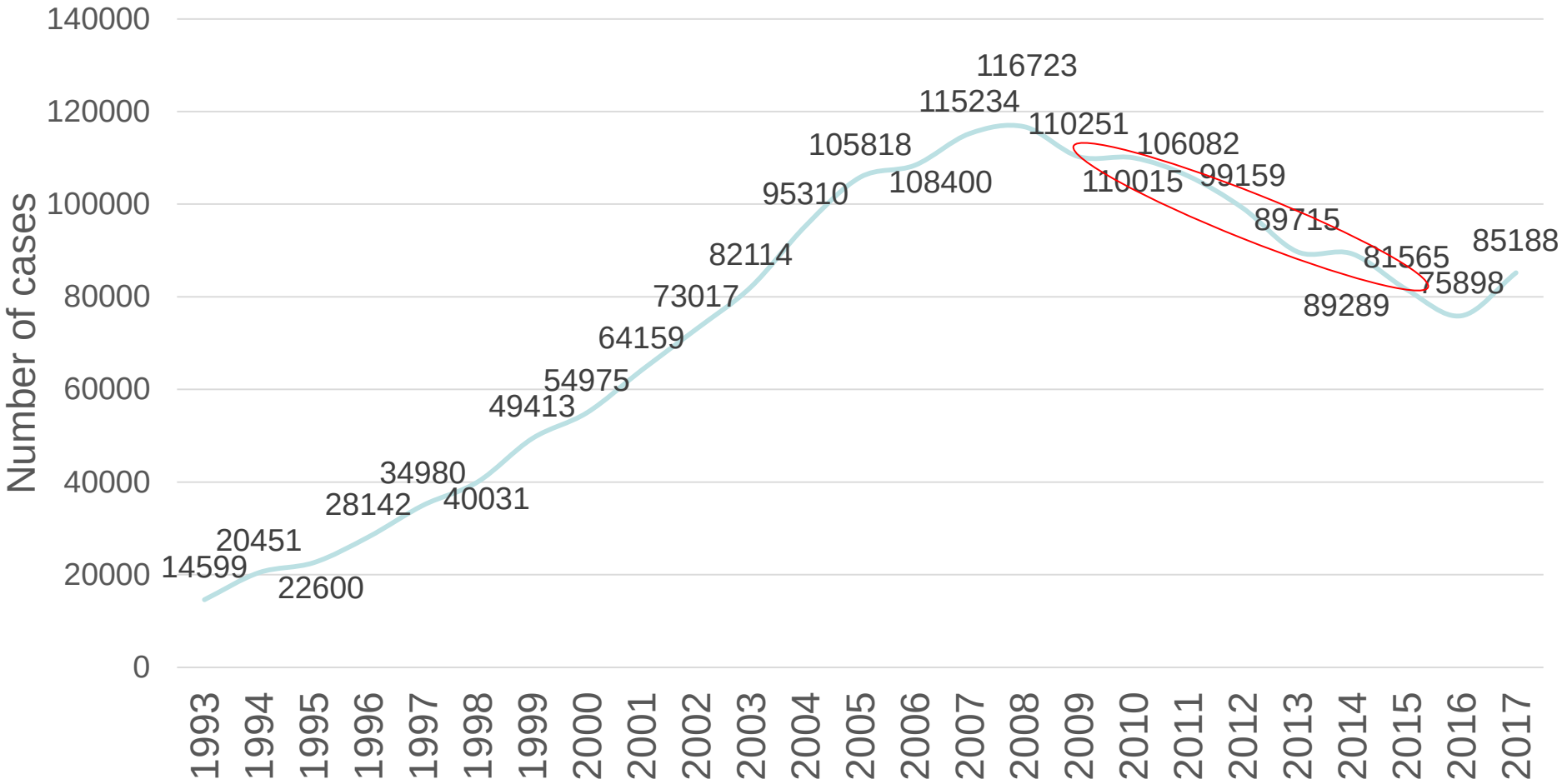
Counties	47
Sub counties	256
TB treatment centers	2992
TB diagnostic sites	1860 (1: 25,000)
Number of Gene-Xpert sites	175 (including private & research)
MDR TB sites	156
Culture Labs (Public)	5 (1: 8m)

Kenya's TB Burden (2016)



WHO estimated case detection rate	60%
Cases notified 2016	75,894
Treatment Success Rate	
New cases	87%
Previously treated cases	78%
HIV positive cases	82%
RR/MDR-TB	82%
Proportion of bacteriologically confirmed who accessed DST in 2015	10%
TB-HIV	
Patients with known HIV status	97%
HIV positive patients on ART	95%
HIV positive put on IPT by June 2017	503,541
Proportion of children under 5 on IPT	5.6%

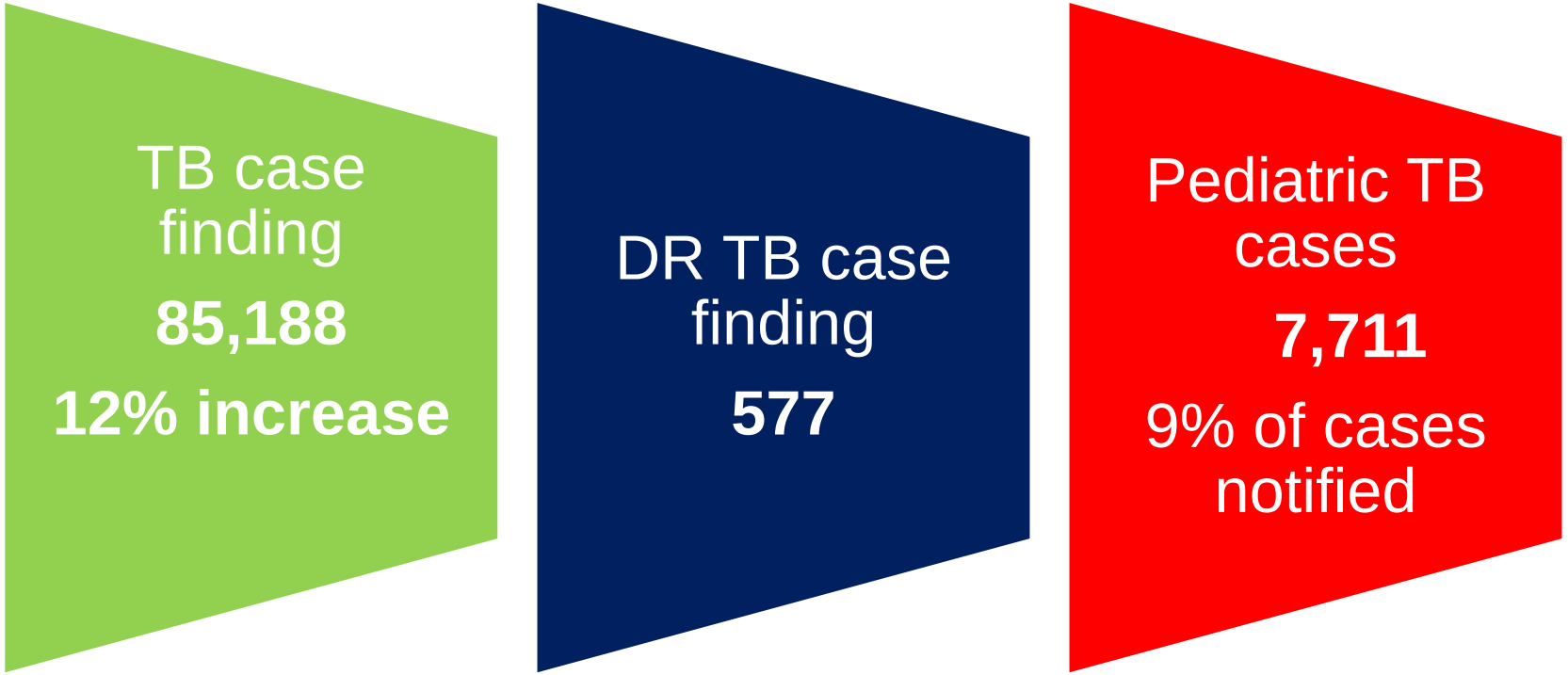
TB Trends, Kenya



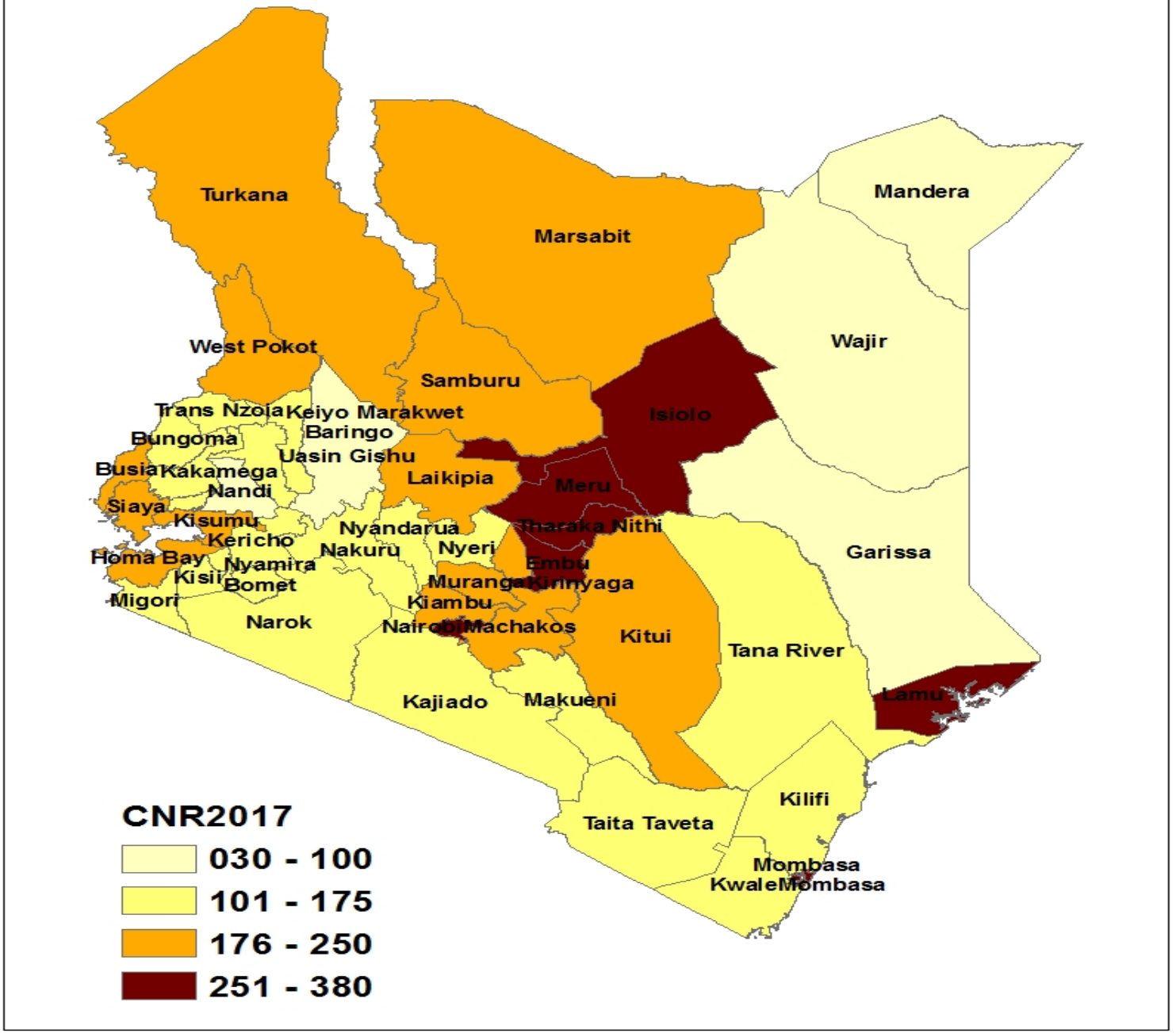
Annual TB cases – 169,000

Annual MDR TB cases – 3,000

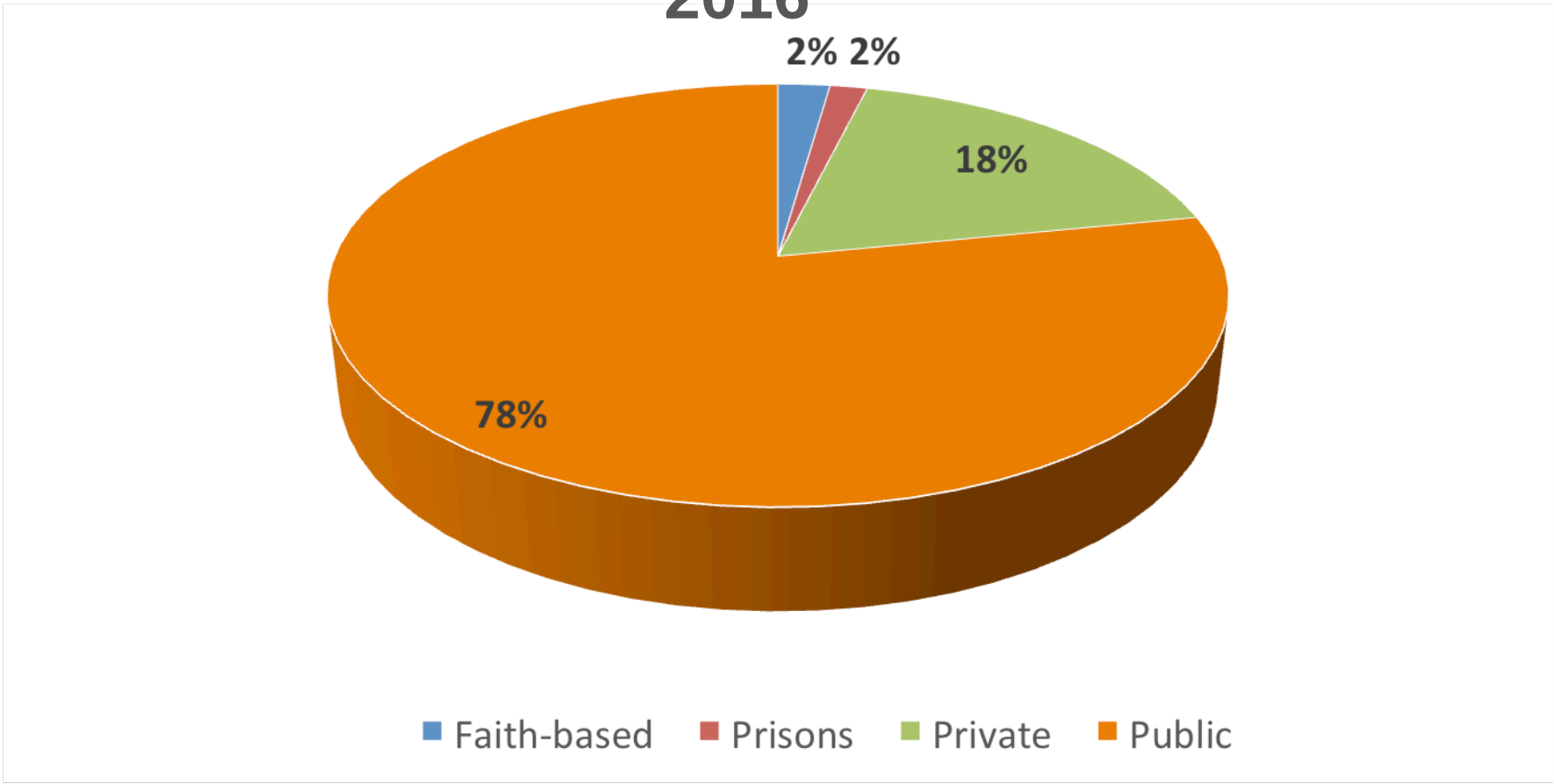
Missed TB cases – 90,000



Case Notification Rates per County in 2017

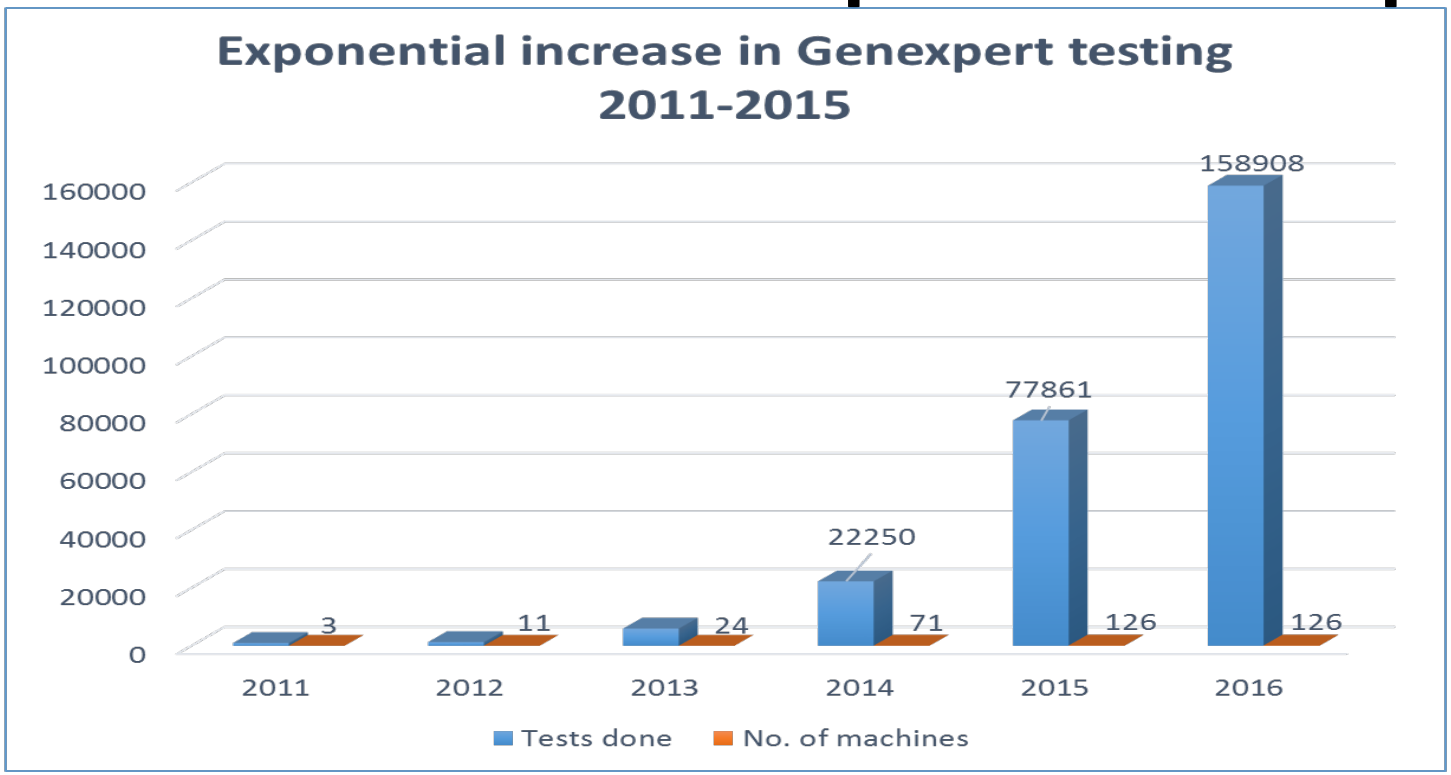


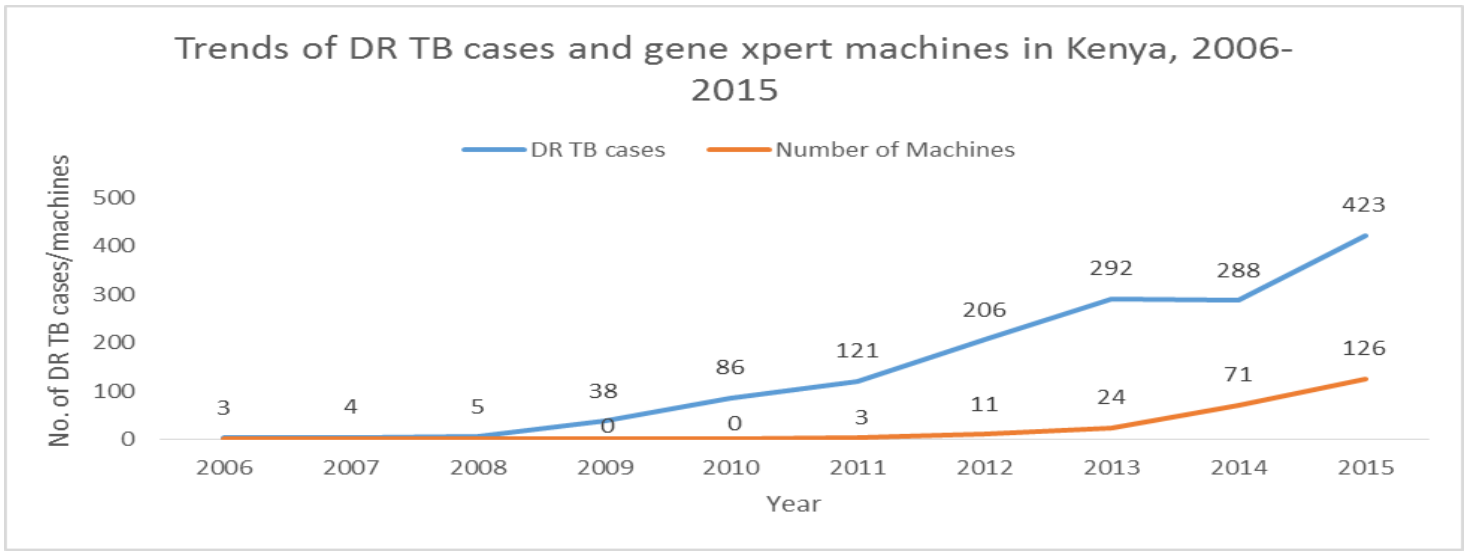
Contribution of TB cases by sector: Kenya 2016



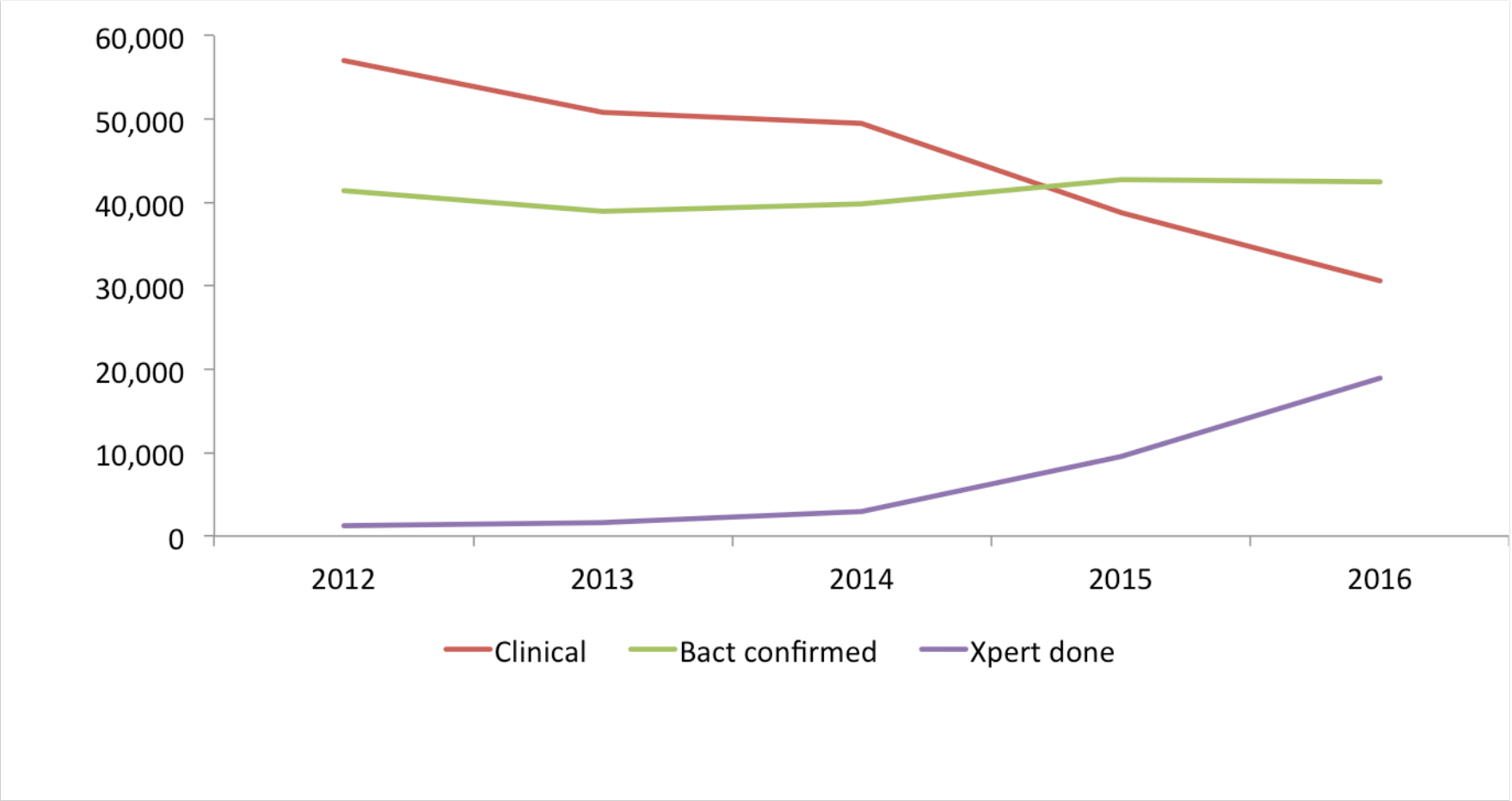
Gene Xpert Uptake

Achievements in TB Response: GeneXpert



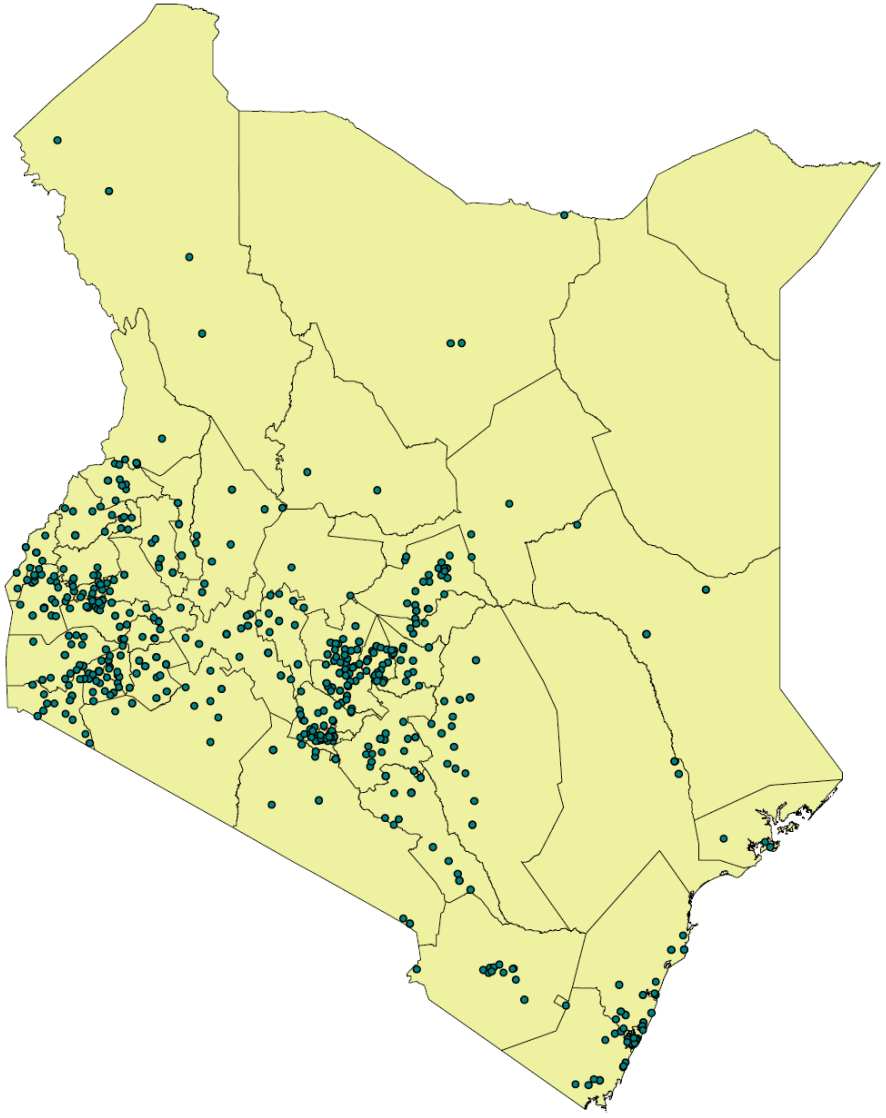


Comparison of TB trends and Xpert tests done: *Kenya 2012-2016*



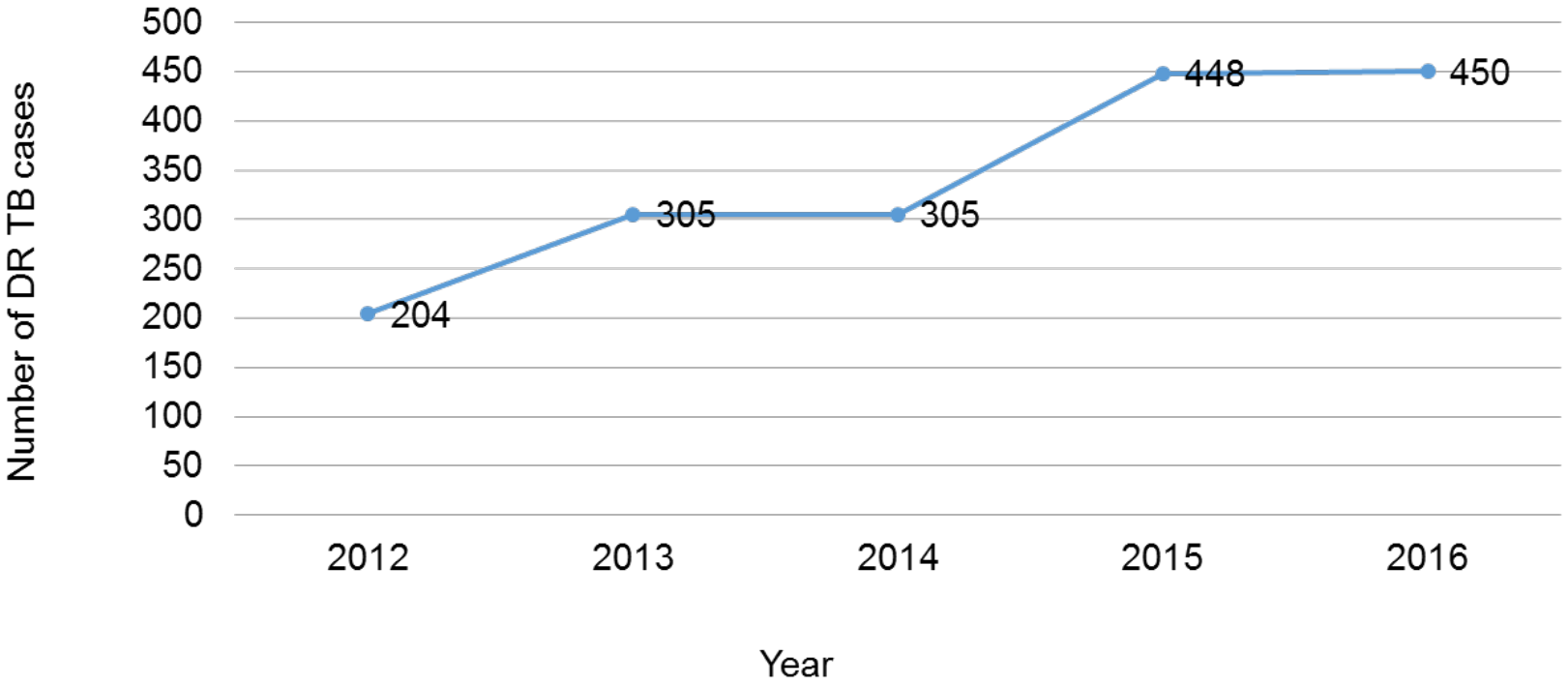
DR TB

Achievements in TB Response: Decentralized DR TB Management



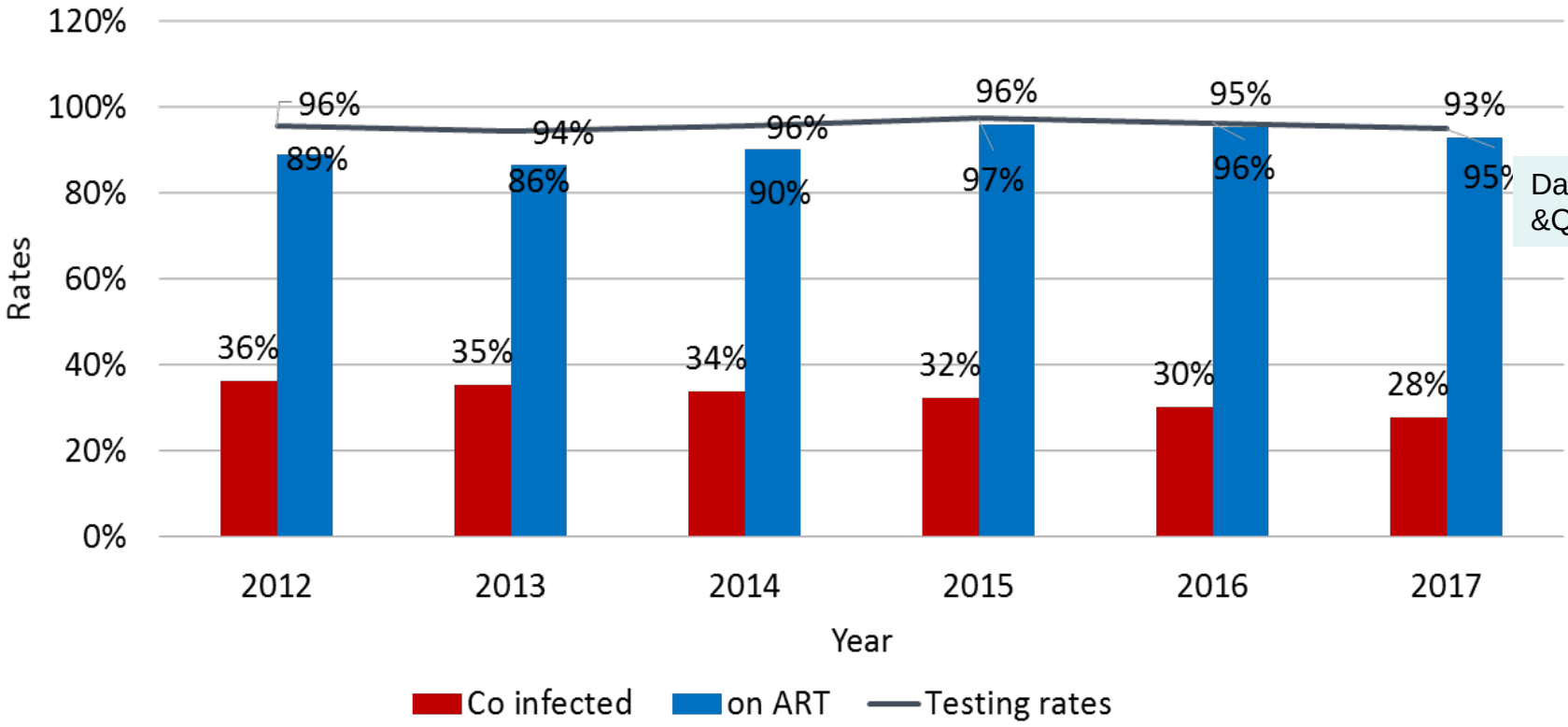
- DR TB management decentralised; 680 patients on treatment
- Monthly Clinical DR TB review meetings
- Support via case discussions on ECHO platform

Trends of DR TB cases, Kenya 2012-2016 n=1712



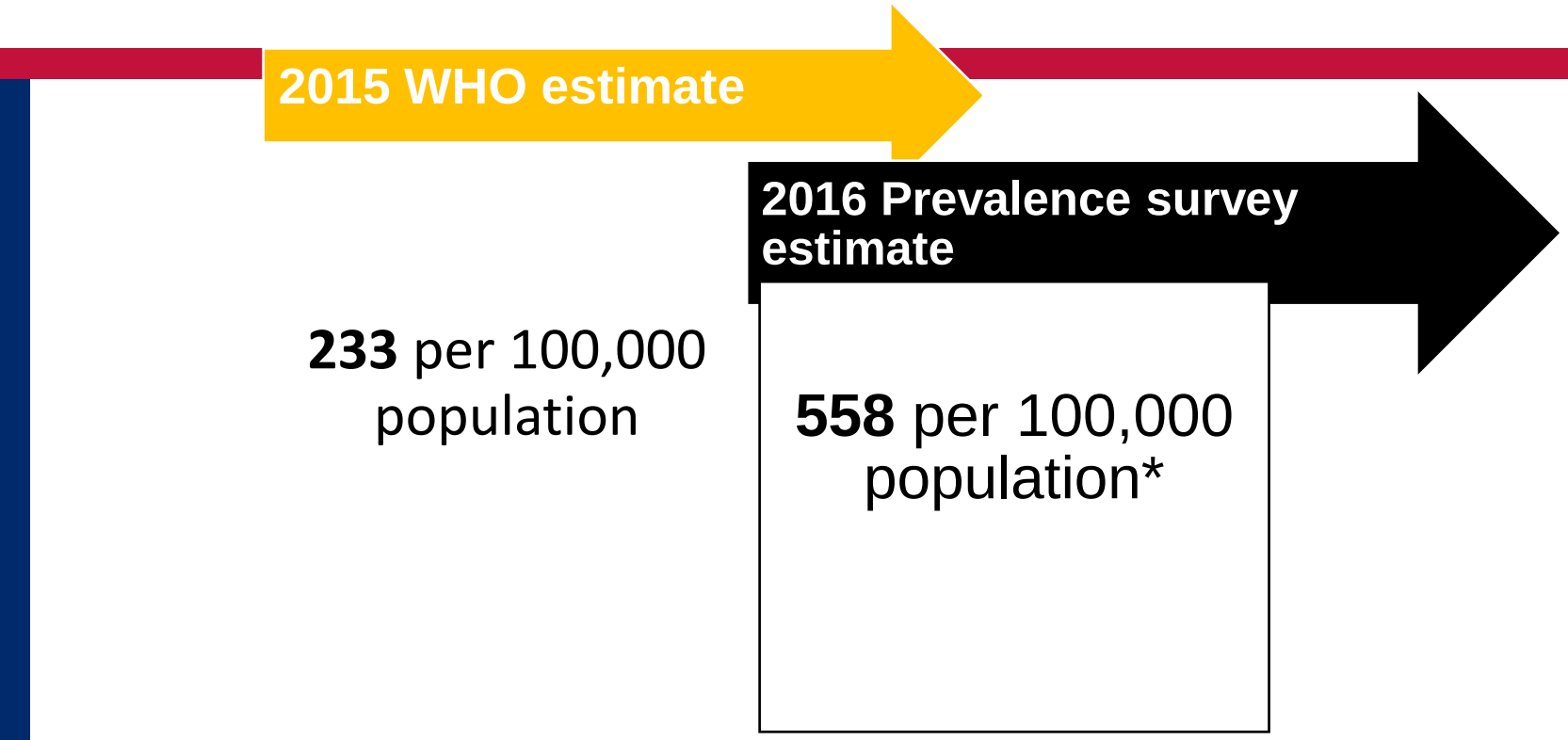

TB
HIV

TB cases testing, Co-infection and ART uptake rates by Year



TB PREVALENCE SURVEY FINDINGS

There's More TB in Kenya than we Thought



Translates to approximately 169,000 TB incident cases per year

Prevalence Survey Key Findings 2016

1 The Burden of TB in Kenya is Higher Than Previously Thought

TB prevalence

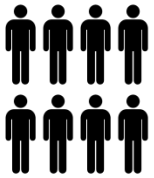
558

per 100,000 people

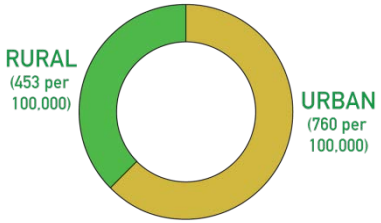
40%

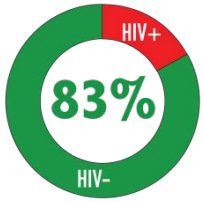
of TB cases remain undetected and untreated

2 People Most Affected by TB



809 males per 100,000 people





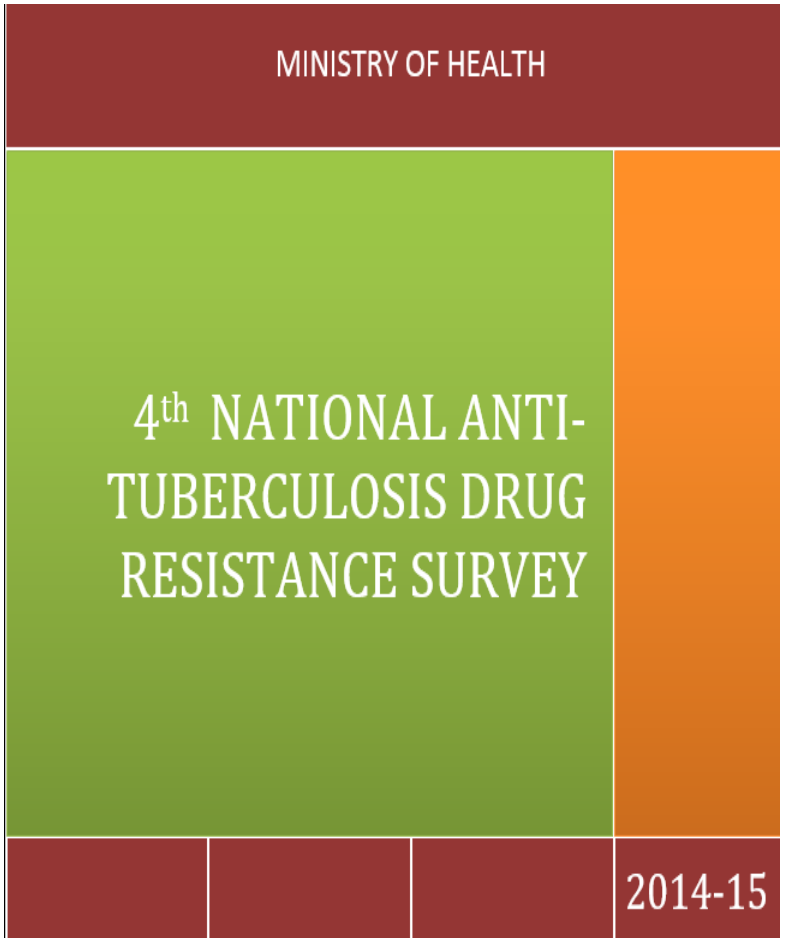
3 Testing for Tuberculosis

- Current practice of TB symptom screening misses cases
- Chest x-ray emerged to be a good screening tool for TB
- Use of microscopy for diagnosis misses cases
- GeneXpert is a more reliable and efficient test

4 Health Seeking Behaviour

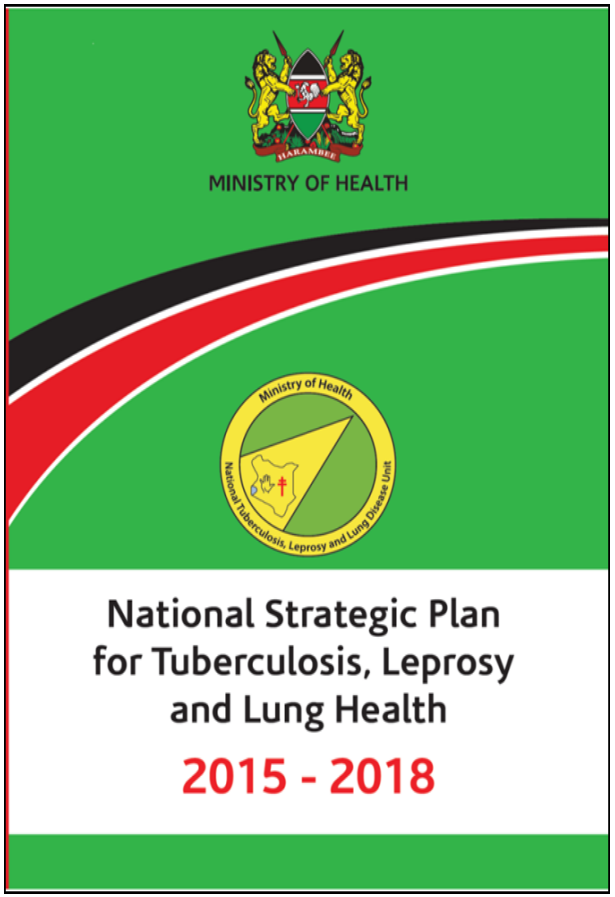
- Individuals with symptoms of TB in the community are not seeking care
- People with TB symptoms first seek health care at either public or private health facilities
- Three quarters of the people with TB symptoms who seek care do not get diagnosed/are missed
- A quarter of those found to have TB did not report any TB symptoms

DRS Key Findings



- More males than females with MDR TB at a ratio of 2:1
- MDR TB disease is prevalent among the economically active age group (25-34 years)
- Majority of DR TB patients are HIV negative (65%) with a co-infection rate of 20.6%
- The rifampicin resistance for the new cases is 1.3 with the 95% CI (0.8-2.0) while INH resistance among the new cases a prevalence of 5.5 with the 95% CI (4.5 – 6.7).

Kenya's TB national Strategic Plan (2015-2018) Mid Term Review



- ✓ Government to increase investment in TB Control from both domestic and external sources.
- ✓ Active Case Finding to be conducted.
- ✓ Engage both formal and informal private providers
- ✓ Chest x-ray to be availed free of charge
- ✓ Education campaigns about TB symptoms to increase self-referral to health facilities
- ✓ Specimen transportation to be strengthened to increase testing coverage
- ✓ Build capacity of HCWs for specimen collection and clinical diagnosis in children
- ✓ Roll out short course MDR-TB regimen supported after availing second-line DST
- ✓ NTRL to support the TB lab network to reach the universal DST target

USAID TB-ARC Project

- Tuberculosis Accelerated Response & Care (TB ARC)
- A five year USAID funded Cooperative Agreement

  (June 27th 2013- June 20th 2018), awarded to a local implementing partner CHS (Center for health Solutions)
- 40m USD, receives both TB and PEPFAR TB/HIV funds

TB-ARC Result areas:

- IR1: NTLD Unit is supported to provide reliable leadership and coordination of TB services in Kenya.
  - *NTP coordination & Planning, support supervision, STOP TB partnership, Sustainability efforts, TB drug management.*
- IR2: scale –up of new TB program areas
  - *New diagnosis technology, Pediatric TB, communication)*
- IR3: adoption and scale-up of globally proven TB interventions (e.g PPM,IPT)
- IR4: Technology driven programming and monitoring.
  - *Routine M&E and TIBU system support*

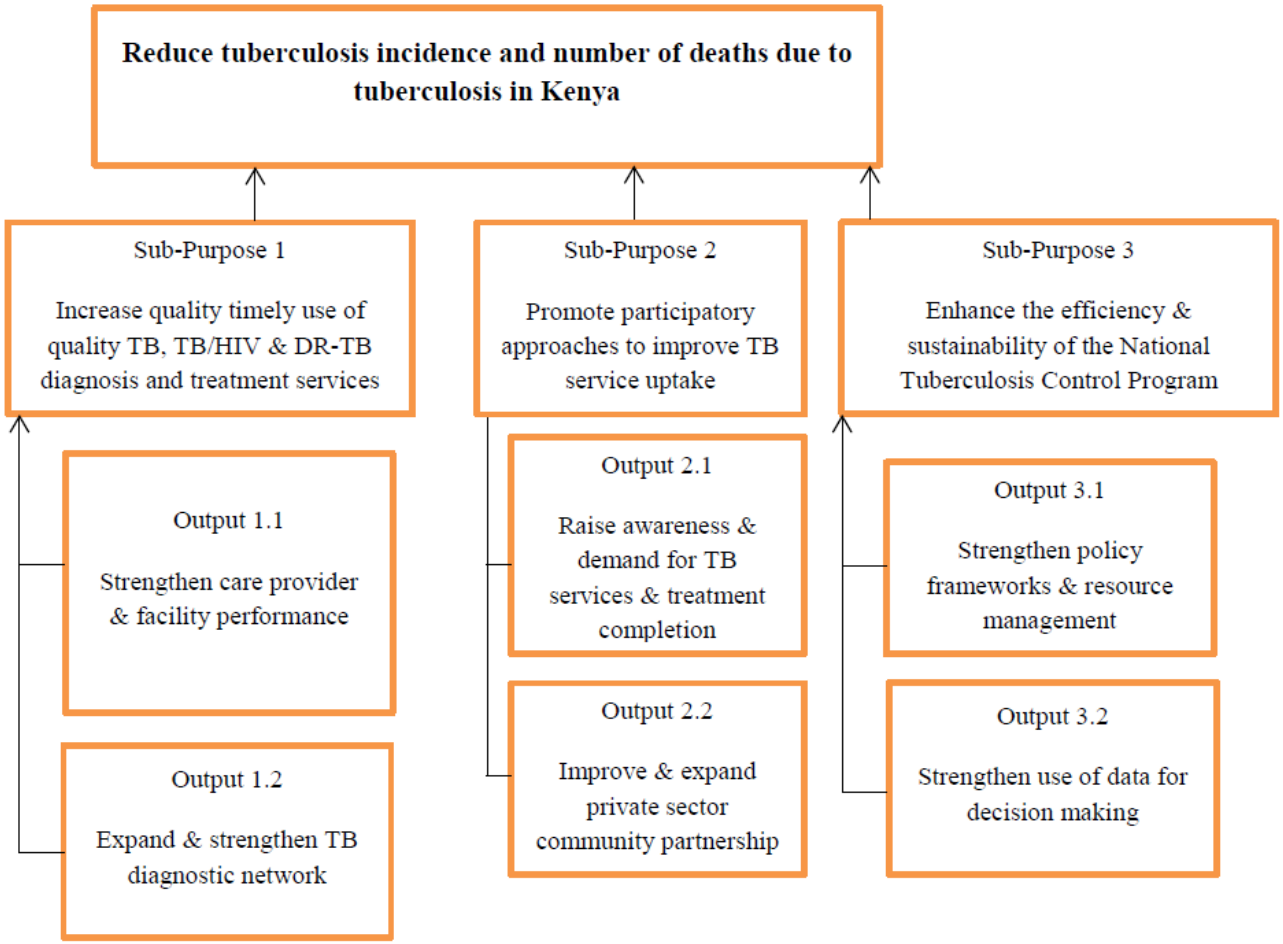
Some of the Successes

- Close working relationship with MOH
- Staff support to key technical areas
- Co-ordination with Global Fund and other USG partners
- USG TB/HIV Quarterly review meetings
- IPT rollout
- Increased Gene Xpert utilization
- TIBU

Some of the Challenges:

- NTP leadership
- Devolution
- Sustainability
- Staff turnover
- Pediatric TB
- Policy changes to improve on effectiveness

The Results Framework



Pillars Aimed at Ending the Tuberculosis Epidemic

1. Integrated patient centered care and prevention

2. Bold policies and supportive systems to end TB

3. Intensified research and innovation.

National Tuberculosis Program: Enhancing Efficiency and sustainability

- Political commitment
- NTLP stewardship is essential
- Devolved responsibilities to counties
- Policy changes that enable action
- Improving accountability
- Improving co-ordination

How do we make NLTP to be The Effective Driver of Ending TB in Kenya by 2035?

Monitoring, Evaluation and Learning

- Contribute to the advancement of learning and research
- Expand the short and long term tracking of :
  - Quality
  - Outcomes
  - Cost-effectiveness
  - Innovation
  - Impact
- Clarify the indicators and targets that will be used as a basis for measuring the activity’s performance, and clearly define how to measure progress.

As the flagship TB activity, Co-ordination is critical:

- HIV Service Delivery Support Activity (HSDSA) Clusters
- Health Communication and Marketing (HCM)
- Human Resources for Health (HRH) Kenya
- Afya Ugavi
- KEMSA Medical Commodities Program (MCP)
- Health IT/University of Nairobi
- other USAID-funded activities
- Other USG funded TB or TB/HIV activities
- Global Fund TB investments

Kenya 2018 TB Targets

Indicators	Targets
Case notification	**Increase case detection by 20% adults** **Children: 15 % of cases notified**
Treatment Success Rate	• DS - 90% • DR TB – 80% • Cure rate – 90%
Xpert utilization rate	• 80%
IPT uptake	• 80% of all PLWHIV
RR TB surveillance	• 50% New cases • 100% among all previously treated
HIV testing & ART uptake	100%
Health Care workers screening	50%
Time to treatment initiation	Sample collection to treatment initiation - target 2 days

“Mulika TB! Maliza TB! Ni jikumu langu”