



TUBERCULOSIS PROFILE



Kenya ranks 13th on the list of 22 high-burden tuberculosis (TB) countries in the world and has the fifth highest burden in Africa. According to the World Health Organization's (WHO's) Global TB Report 2009, Kenya had approximately more than 132,000 new TB cases and an incidence rate of 142 new sputum smear-positive (SS+) cases per 100,000 population. Kenya's National Division of Leprosy, TB & Lung Disease (DLTLD) began to implement the WHO-recommended DOTS (the internationally recommended strategy for TB control) strategy in 1993 and reported 100 percent DOTS coverage by 1996. In 2005, the DOTS case detection rate reached WHO's target of 70 percent and rose to 72 percent in 2007. The DOTS treatment success rate also met WHO's target of 85 percent in 2007. Data from the national program show that Kenya had met the target for the treatment success rate in 2007. WHO estimates there were around 2,000 cases of multidrug-resistant (MDR) TB in Kenya in 2007, although only 4.1 percent of these cases were diagnosed and notified. There is a policy supporting MDR-TB diagnosis and treatment and a laboratory testing facility, and in 2008, USAID continued to support routine MDR-TB surveillance.

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| Country Population | 37,538,000 |
| Est. number of new TB cases | 132,357 |
| Est. TB incidence (all cases per 100,000 pop) | 353 |
| DOTS population coverage (%) | 100 |
| Rate of new SS+ cases (per 100,000 pop) | 142 |
| DOTS case detection rate (new SS+) (%) | 72 |
| DOTS treatment success rate, 2006 (new SS+) (%) | 85 |
| Est. new adult TB cases (HIV) + (%) | 47.9 |
| MDR-TB among all new TB cases (%) | 1.9 |
| All data are for 2007 except where otherwise noted. WHO Global TB Report 2009 | |

Kenya continues to treat more and more TB patients each year. However, widespread co-infection with HIV (close to 48 percent of new TB patients) makes TB treatment difficult. While the number of new cases appears to be declining, the number of patients requiring re-treatment has increased. The government placed the National Leprosy and Tuberculosis Program (NLTP) (now DLTLD) and the national HIV/AIDS program in the same division in the Ministry of Health (MOH) to better address TB-HIV/AIDS co-infection. This resulted in increased collaborative TB-HIV/AIDS activities across the country. In 2007, the government demonstrated increased political commitment by upgrading the then-NLTP to a division within the MOH (DLTLD) and increased funding for TB control. With donor support, a greater proportion of TB patients benefited from improved DOTS services. The DLTLD implements TB-HIV/AIDS treatment services, community-based DOTS (C-DOTS), and public-private mix (PPM) DOTS, as well as activities to address MDR-TB.

USAID Approach and Key Activities

USAID funds for TB programming in Kenya totaled \$2.9 million in fiscal year (FY) 2008, with USAID providing support to the DLTLD through the Tuberculosis Control Assistance Program, which is managed by the KNCV Tuberculosis Foundation. These programs support the following interventions:

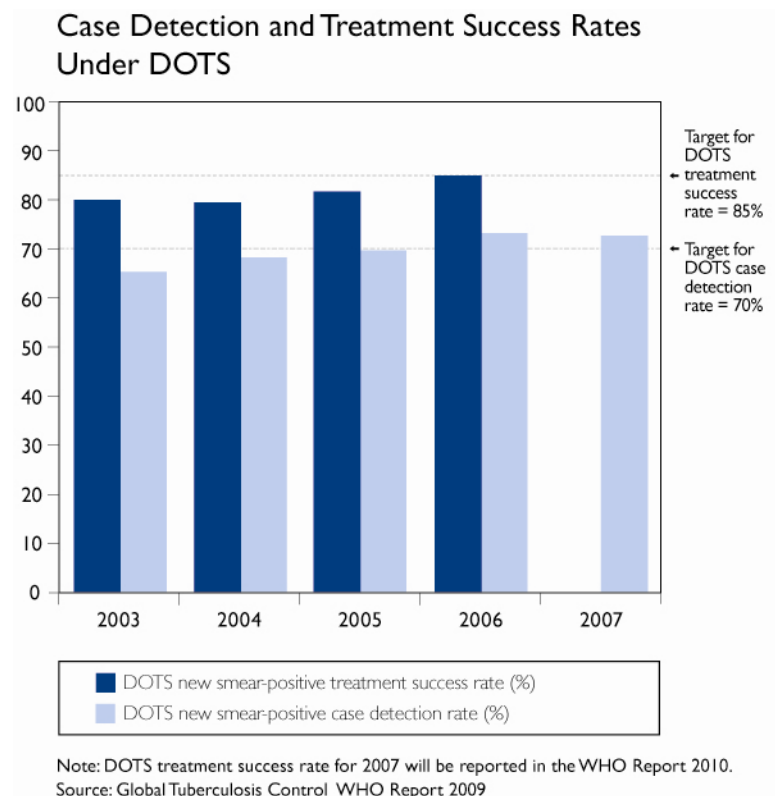
- Strengthening the TB drug logistics system, focusing on forecasting and distributing TB and other drugs, and supporting staff supervision
- Providing support on implementation of "patient packs," which contain enough anti-TB drugs to fully treat one patient
- Scaling up the pilot PPM-DOTS to expand the involvement of all providers in DOTS
- Scaling up TB treatment initiation and adherence and strengthening and expanding C-DOTS, including an urban TB control strategy in Nairobi and other major cities
- Developing, reviewing, and implementing infection control policies and TB-HIV/AIDS co-infection guidance at major hospitals and facilities
- Strengthening the capacity of the DLTLD to scale up TB-HIV/AIDS integration
- Improving partner coordination, program management, and information management systems

- Implementing advocacy, communication, and social mobilization policy guidelines to increase demand for HIV testing and TB diagnosis and treatment
- Strengthening the surveillance capacity and routine monitoring and evaluation of TB and TB-HIV/AIDS co-infection, including MDR-TB

USAID Program Achievements

Since USAID began TB activities in Kenya in 2001, improvements have occurred in DOTS expansion, the laboratory network, quality assurance, and TB drug distribution. FY 2007 saw considerable progress in expanding quality DOTS activities. A USAID-supported assessment of TB-HIV/AIDS collaborative activities resulted in an increased number of TB-HIV/AIDS co-infected patients identified and placed on TB and antiretroviral treatment. Other USAID program achievements include the following:

- Contributed to strong managerial and operational structures at the central level and introduced software to help managers forecast TB drug needs
- Helped expand DOTS coverage nationwide through community participation and pilot projects to encourage the use of DOTS through PPM-DOTS
- Installed new laboratory equipment at treatment and diagnostics centers
- Integrated TB and HIV services, including counseling and testing services
- Increased communication among the DLTLD field staff by providing cell phones and Internet access
- Developed a simple and cost-effective TB screening test for antenatal service providers
- Supported worksite programs at three large companies to promote TB awareness in FY 2007
- Contributed to improved TB-HIV/AIDS co-infection treatment, resulting in 79 percent of TB patients being tested for HIV in FY 2007
- Developed and implemented a TB surveillance system, which also supported baseline TB drug resistance estimates based on routine surveillance
- Developed a national human resource development plan to address staffing and training of health workforce



Partnerships

Partnerships have been key to improving TB services in Kenya. In addition to USAID, WHO and the KNCV Tuberculosis Foundation are leaders in providing technical support. The World Bank and the Global TB Drug Facility support the provision of TB drugs. PATH supports integrated TB-HIV/AIDS activities in targeted areas. The U.S. CDC and the Canadian International Development Agency support logistics and training activities. Other partners include Family Health International, John Snow, Inc., Health Systems 20/20, and Management Sciences for Health. Kenya received three grants for TB activities from the Global Fund to Fight AIDS, Tuberculosis and Malaria. In 2003, Kenya received \$8.6 million in Round 2 funding; \$7.9 million in Round 5 funding in 2006; and \$4.2 million in Round 6 funding in 2007 for TB-HIV/AIDS activities.

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