REPUBLIC OF KENYA

MINISTRY OF HEALTH

NATIONAL STRATEGIC PLAN

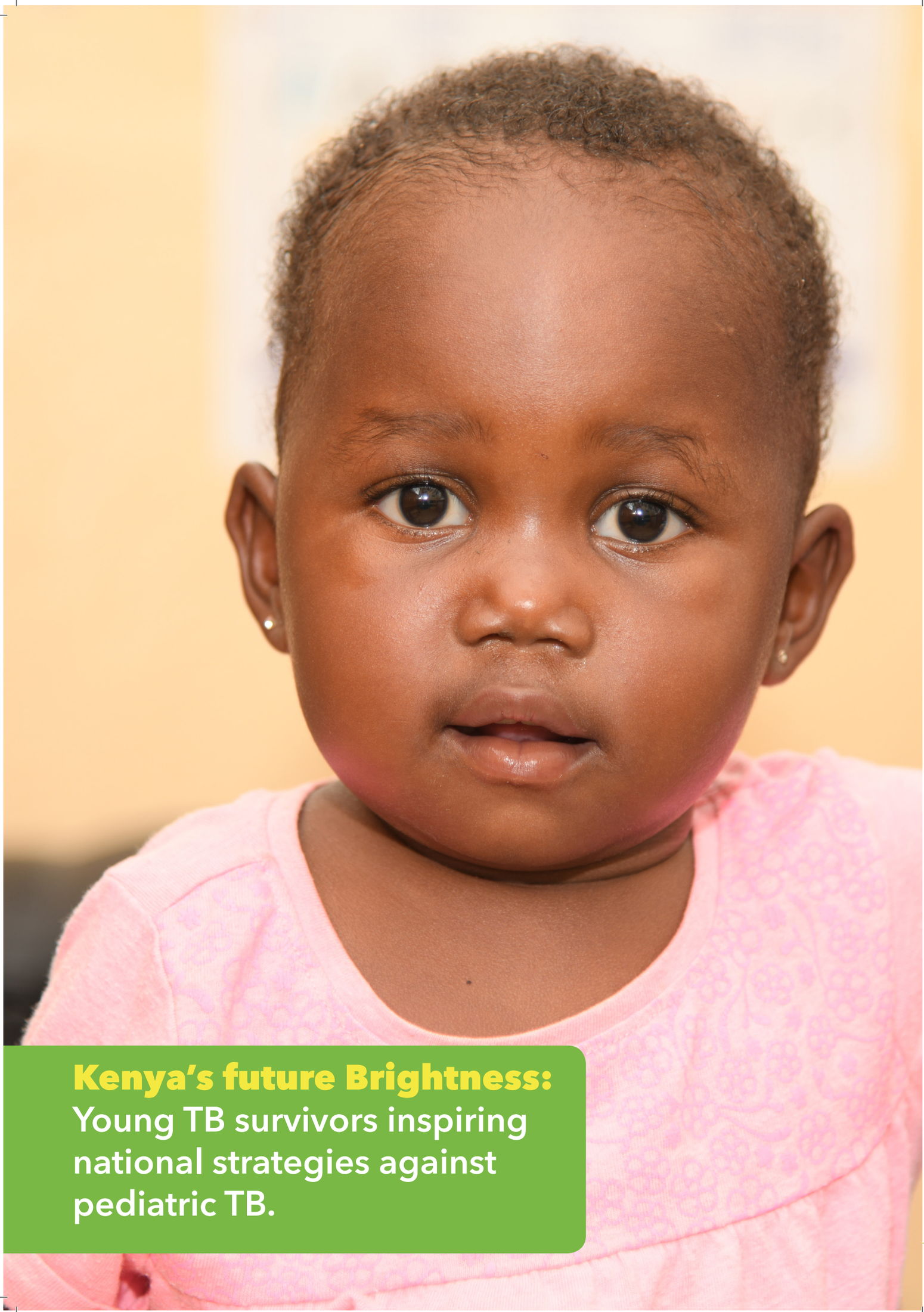
FOR TUBERCULOSIS, LEPROSY AND LUNG HEALTH

2023/24 – 2027/28

EXECUTIVE SUMMARY

Ministry of Health
National Tuberculosis, Leprosy and Lung Disease Program

NATIONAL TUBERCULOSIS, LEPROSY AND LUNG DISEASE PROGRAM



Kenya's future Brightness:
Young TB survivors inspiring national strategies against pediatric TB.

The Problem

Tuberculosis (TB) remains one of the top infectious killers in the world and the **leading infectious disease killer** in Kenya. In 2021, an estimated 10.6 million people (9.9–11 million) fell ill with TB however according to the Global TB Report 2022[1], as few as 6.4 million TB patients were diagnosed and reported to the national programmes. According to the WHO global list of high TB burden countries and HIV-associated TB and drug-resistant TB (DRTB) 2021-2025 published in 2021, Kenya remains among the 30 high-burden countries for TB and HIV-associated TB that together contribute approximately 80% of the estimated global TB burden. Kenya transitioned out of the list of 30 countries with the highest burden of DRTB, however, it remains a public health threat and thus, is a priority area of focus for the country.

According to the WHO Global TB Report, 2021 Kenya was one of the high TB burden countries that achieved WHO's End TB Strategy milestone for 2020 with a 32% reduction in TB incidence compared to 2015, against a target of 20%. Further, the country also achieved a 44% reduction in the number of TB deaths compared to 2015, against a target of 35%[2]. Despite these significant achievements, the country's treatment coverage[1] gap remains wide at nearly 50% of unreached people with TB in 2021. Notably, there has been a downward trend with the estimated TB treatment coverage declining from a peak of 63% in 2018 to 59% in 2021 according to the WHO Global Report 2022. Similarly, TB notifications have shown a declining trend from 96,478 in 2018 to 77,854 in 2021. The decline could be attributed to the COVID-19 pandemic though the country has shown recovery from services disruption during the COVID-19 period. The number and proportion of children with TB notified in the country has also seen a declining trend from 10.1% in 2018 to 9.6% in 2021.

Undernutrition, HIV, alcohol use disorders, smoking, and diabetes mellitus are the key drivers and social determinants of tuberculosis in Kenya, according to WHO Global Report 2022. WHO estimates that in 2020, approximately 35,000 people fell ill with TB and HIV and 12,000 people succumbed to the co-infection in Kenya. An estimated 24.8% of Kenyans were undernourished in 2018[3], with the prevalence of those experiencing moderate or severe food insecurity estimated to be 68.5% in 2020. Similarly, the number of children with wasting and stunting was estimated to be at 4.2% and 19.4% respectively in 2020[4]. In addition, according to the latest related WHO reports, 11% of the Kenyan population are heavy episodic alcohol consumers,[2] and 11% smoke tobacco[5]. The current burden of DM is estimated to be 460 diabetics per 10,000 population, with 4% of Kenyans between 20-79 diagnosed with DM. In addition, the COVID-19 pandemic had an additional impact on the social determinants such as poverty, undernutrition, alcohol consumption and housing.

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1 World Health Organization. Global tuberculosis report 2021: supplementary material. Published online 2022.

2 The Food and Agriculture Agency (FAO)

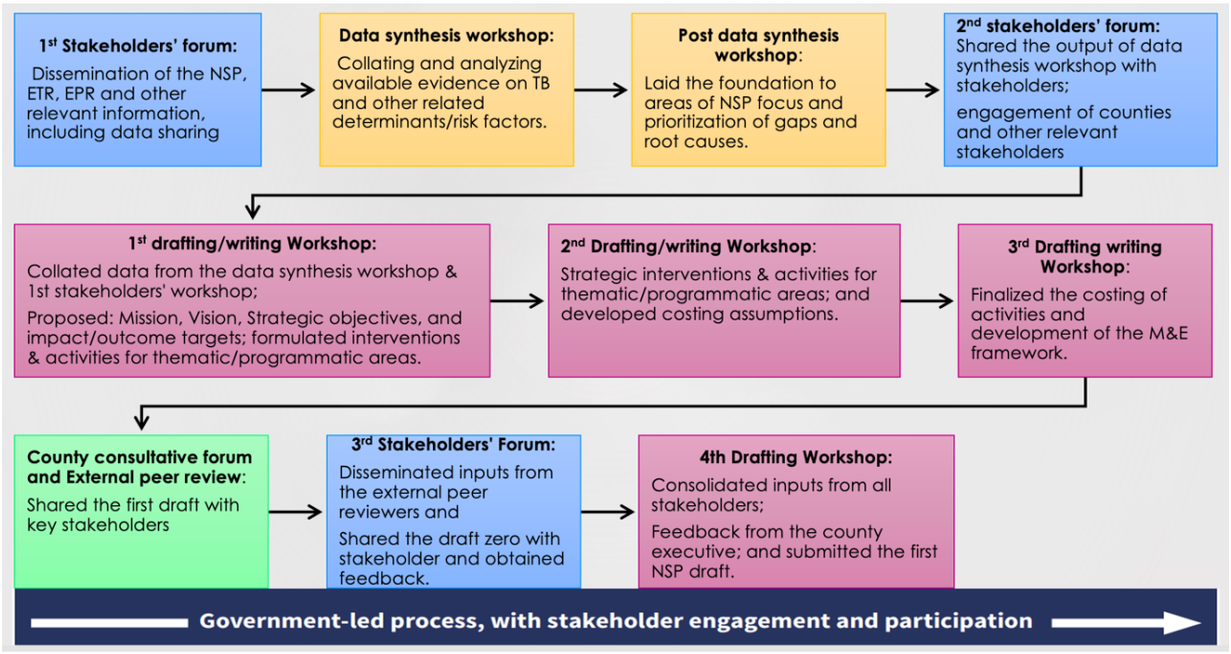
3 UNICEF. The state of food security and nutrition in the world 2021. Published online 2021

4 World Health Organization. WHO Global Report on Trends in Prevalence of Tobacco Smoking 2000- 2025. World Health Organization; 2018

5 Sun H, Saeedi P, Karuranga S, et al. IDF Diabetes Atlas: Global, regional and country-level diabetes prevalence estimates for 2021 and projections for 2045. Diabetes Res Clin Pract. 2022;183:109119

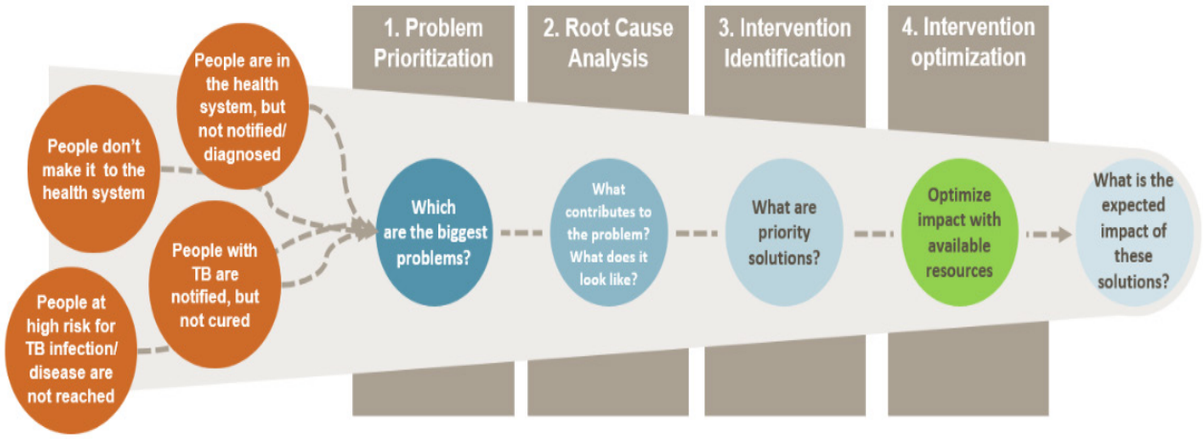
The Approach

A people-centered framework approach was used to identify gaps using the available evidence and prioritising the interventions to be addressed in the NSP. The process was consultative with the involvement of stakeholders at all levels. A systematic approach to the review of data and evidence was undertaken as the foundation for this NSP.



Step 1: Problem prioritisation

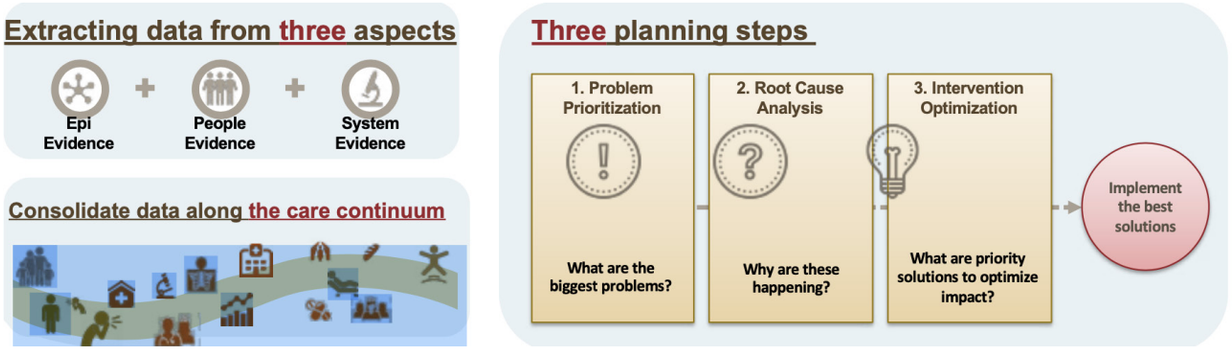
Existing data from studies and reports were consolidated along the patient pathway and reviewed by stakeholders with a view to understanding where service delivery is well- or misaligned with the needs of people with TB, leprosy and lung diseases. Successes to be sustained were quantified. Gaps in the programmatic response were identified and prioritized. The Epi evidence, people evidence, and system evidence data were consolidated along the care continuum. Gaps were identified based on data and prioritised along the continuum of care using people-centred framework.



People-centred framework.

Step 2: Root Cause Analysis

Root cause analysis was conducted for each of the thematic areas, yielding a prioritized set of socio-economic, health system, and clinical determinants that contribute to the ongoing challenges. The possible interventions to close the gaps were identified.



Step 3: Intervention optimisation

The process nurtured country-level planning that centred defining priority solutions to optimize impact. This resulted in potential strategic interventions to address identified determinants and root causes. They mapped the feasibility, and known/potential impact of different interventions, engaging stakeholders across the health and non-health sectors. Interventions were optimized to identify the package that will achieve the highest impact on the epidemic overall and for selected special populations.

Step 4: Activities and costing

A task force based on thematic groups defined packages of activities that would be needed to attain the outcome targets. The activities were quantified and costed to provide the funding required to implement the NSP.

The Response

This NSP lays out the **strategic and technical direction** for the elimination of TB, Leprosy and Lung Diseases nationally. It presents the full aspiration of the country, including outcome and impact targets that align with international goals, and the full portfolio of activities needed to reach these goals. The resources will be prioritized to ensure timely access to quality services for all people already in or entering the health system.

VISION

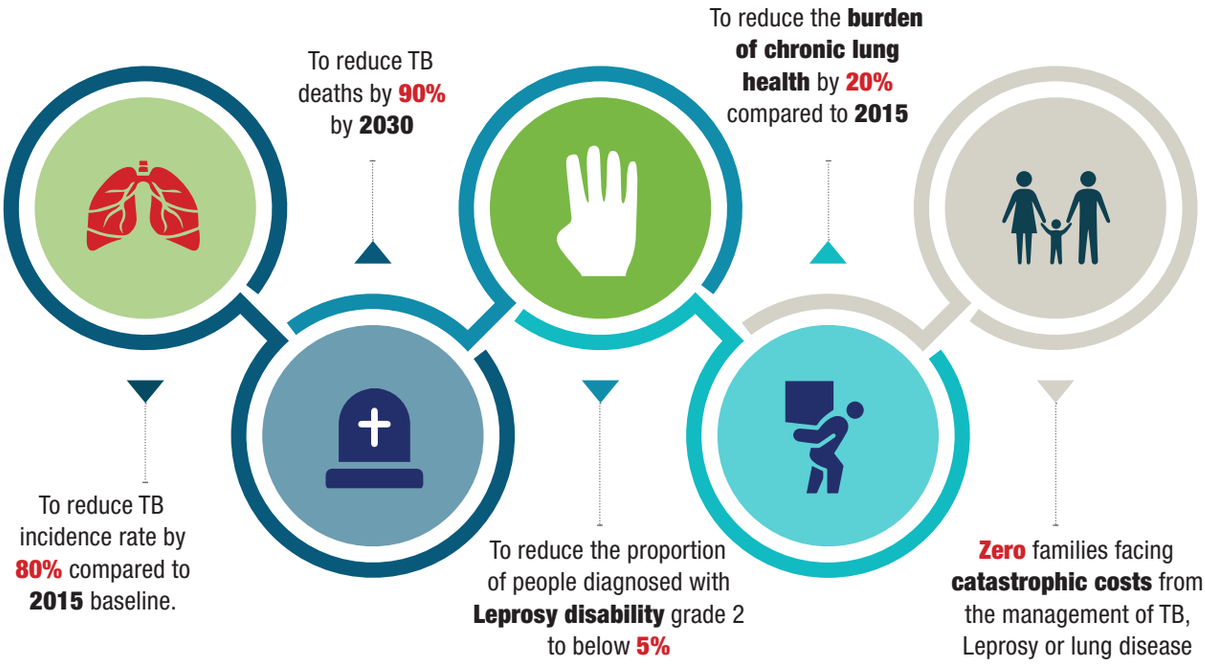
A Kenya free of TB and Leprosy, and reduced burden of lung disease.

MISSION

To ensure provision of quality care and prevention services for TB, Leprosy, and lung diseases for all people in Kenya

IMPACT TARGETS, PRIORITY OUTCOMES AND STRATEGIC FOCUS

Impact Targets (by 2030)



Priority Outcomes (by 2028)

At least
417,918
People with TB diagnosed and treated by **2028**

365,678
Adults with TB diagnosed and treated by **2028**

52,240
Children with TB diagnosed and treated by **2028**

4,391
People with DR-TB diagnosed and treated by **2028**

At least **681,081**
people at risk of TB provided with TB Preventive Therapy by **2028**

Chronic lung disease services offered at the lower-level health facilities by **2028**

1,420
People with Leprosy diagnosed and treated by **2028**

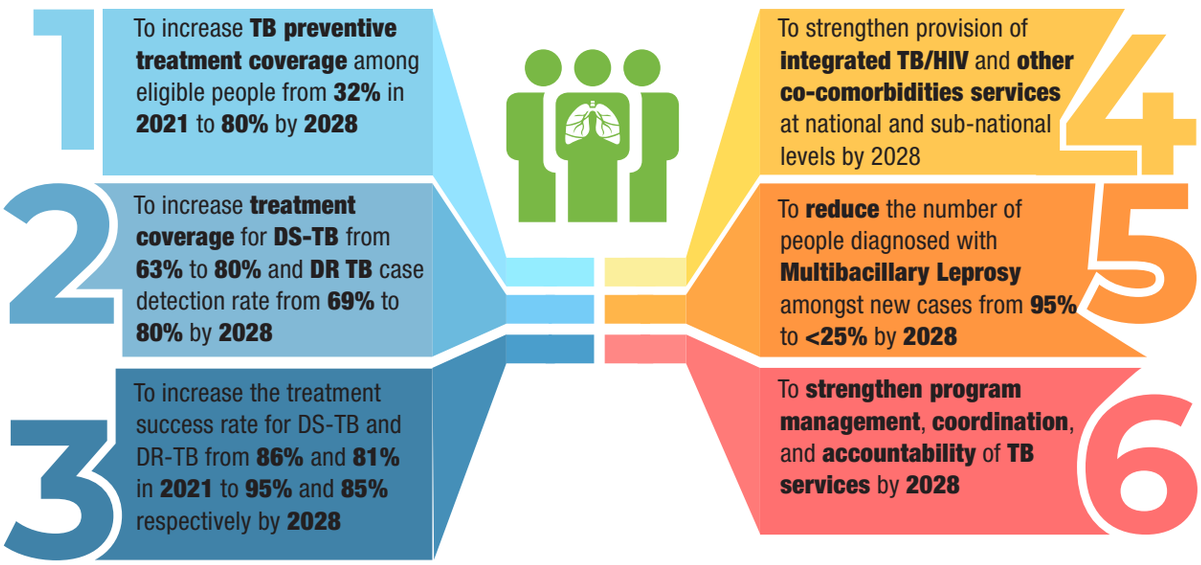
Strategic Focus

1. Optimising the current patient-centric TB interventions.
2. Adoption of new technology and innovations.
3. Leveraging UHC and community systems.
4. Tailoring interventions to sub-national epidemics.
5. Communities, human rights, and gender.
6. Multisectoral engagement for effective TB control.

PRIORITY FOR ACTION

This NSP lays out the **strategic and technical direction** for the elimination of TB, Leprosy and Lung Diseases nationally. It presents the full aspiration of the country, including outcome and impact targets that align with international goals, and the full portfolio of activities needed to reach these goals. It assumes a fully funded NSP. Evidence drives the priorities for action under this NSP. Given the evidence base summarized above, resources will be prioritised to ensure timely access to quality services for all people already in and those that will be identified in the health system. Extending from a foundation of quality services across the health system, the NSP prioritises reaching out to actively screen (for treatment or preventive therapy) the contacts of all TB patients, especially children and people living with HIV, as well as high-risk populations, such as healthcare workers. Supportive systems to underpin effective patient care are embedded in the Ministry of Health's plans for Universal Health Coverage and link people with TB, leprosy and lung diseases to social protection, health insurance, and stable commodity supplies.

The NSP 2023/2024 -2027/2028 has invested in evidence-based and impactful interventions with ambitious targets. The interventions are organized in six thematic areas which are formulated as strategic objectives including:



Strateic Objective 1:

Increase TB preventive treatment coverage among eligible people

This NSP focuses on scale-up efforts of TB prevention by screening of latent TB infection using both existing and new TB antigen-based skin tests and promoting the use of shorter TPT regimens to all eligible populations including PLHIV (adults and children). The NSP aims to strengthen collaboration with the National HIV programme and HIV services for integrated people-centred TB/HIV care at all levels. Strengthen contact investigations and provision of TPT to all household contacts of a bacteriologically confirmed pulmonary TB and other high-risk groups identified by the program. The plans aim to support demand creation activities, provision of digital adherence technologies, integration of TPT in the differentiated service delivery (DSD) models and strengthening recording and reporting for management of TB infections. All TPT commodities will be made available. IPC will be promoted at all levels of healthcare settings and in congregate settings like schools and prisons.

Strateic Objective 2:

To increase DS-TB and DR-TB treatment coverage from 63% and 52%, respectively, in 2022 to 80% for both by 2028

The NSP aims to increase DS-TB and DR-TB case detection for adults and children through ensuring access to quality diagnostics services and quality TB medicines. The program plans to expand active case finding in all health care settings and at all service delivery points, scale up access to quality TB diagnostics services (mWRDs) including LPA and culture and DST, ensure uninterrupted supply of TB and Leprosy commodities and improve access to chronic lung disease services for TB patients. Case finding will be strengthened among the contact, Key and vulnerable populations including children and adolescents, miners, cross border and migrants among others. Management of post-TB lung diseases will be strengthened in collaboration with other disease programs. The NSP plans to strengthen the capacity of NTP and its stakeholders to integrate a human rights-based approach to TB, leprosy, and lung diseases services, and increase political, and public engagement and raise awareness that will contribute to TB prevention and control. The DNTLP will strengthen advocacy on TB to eradicate stigma and myths, scale up clinical capacity to detect DR-TB, expand coverage for TB diagnostic services, strengthen and expand the sample referral network in the country, and establish a National Committee of Experts (CoE) to support the TB diagnostic network.

Strateic Objective 3:

To increase the treatment success rate for DS-TB and DR-TB from 86% and 81% in 2022 to 95% and 85% respectively by 2028

The DNTLD-P will improve on TSR through implementation of activities that will improve treatment adherence by reducing the rates of loss to follow-up, reducing mortality, promoting nutritional care and support for TB patients, ensuring appropriate TB treatment for all detected patients, strengthening linkage to post-TB and lung health care, and improving treatment outcomes for childhood and adolescent TB cases. To improve on TSR for DR-TB, the program will expand and strengthen the capacity for DR-TB treatment, improving the social welfare of MDR/RR-TB patients, reducing loss to follow-up and unevaluated outcomes, strengthening patient-centered care, and optimizing the quality of care, and enhancing the management of contacts of DR-TB patients.

Strateic Objective 4:

To strengthen provision of integrated TB/HIV and other co-comorbidities services at national and sub-national levels by 2028

This NSP will provide 100% HIV counseling and testing for all people with TB and offer high-quality patient-centred HIV care for HIV co-infected TB patients. Systematic screening for TB disease among PLHIV will be optimized by empowering HCWs on quality TB symptom screening, use of digital CXR with CAD as a screening tool and the use of mWRD tests for TB diagnosis. The use of LF-LAM test in PLHIV who are critically ill will be scaled up to support the detection of TB disease. The plan will focus on quality improvement approaches to strengthen TB screening and diagnosis among PLHIV. In addition, the program will focus on strengthening diagnostic and care approaches for NCD patients (diabetes, mental health and lung cancer) presumed to have TB and similarly for TB patients with NCDs. This plan will provide bidirectional screening and diagnosis of TB and COVID-19. Contact management of either of the diseases will be offered.

Strateic Objective 5:

To reduce the number of people diagnosed with Multibacillary Leprosy amongst new cases from 95% to <25% by 2028

The DNTLD-P will strengthen coordination and implementation of Leprosy interventions, carrying out case-based surveillance and active case-finding, reducing stigma and discrimination against people living with Leprosy, and enhancing awareness and sensitization at the community level. Leprosy burden will be reduced by ensuring early diagnosis of Leprosy and, all Leprosy patients are successfully treated. The Leprosy complications will be adequately managed to prevent disability and improve the lives of Leprosy communities. The program will strengthen routine contact tracing and provision of post-exposure prophylaxis (PEP) will be provided in the endemic including scaling up awareness in the communities.

Strateic Objective 6:

To strengthen programme management, coordination, and accountability of TB services by 2028

This NSP will focus on the strengthening of committed leadership at the national, county, and sub-county levels to ensure the achievement of all TB, leprosy, and lung health objectives. Coordinative platforms will be used to strengthen linkages between National, County and Sub County levels in matters planning, programming, and advocacy. Adequate skilled HRH towards a sustained and efficient service delivery at all levels will be advanced. Implementation of a Multi-Sectoral Accountability Framework (MAF) will be used for advocacy and support of TB, Leprosy and Lung Disease by high-level stakeholders. The NSP seeks to advocate for improved sustainable domestic funding for TB, Leprosy and Lung resource mobilisation.

The monitoring and evaluation plan will strengthen the quality in recording and reporting of TB data including the scale-up of TIBU for community health services and community-led monitoring. This NSP will focus on strengthening data analysis and optimising the utilisation of TB, leprosy, and lung disease data for decision-making at all levels of TB service. The NSP has planned for operational research studies, population-based and facility-based TB surveys and program/ epidemiological reviews to generate evidence to inform approaches, to inform on morbidity and to monitor interventions.

Resources for implementing the NSP

Defined packages of activities that would be needed to attain the outcome targets were quantified and costed to provide the funding required to implement the NSP. Below is the summary of the costing per objective (Thematic area) by the financial year.

Resource requirements by a strategic pillar (M KES)

Strategic Objective	Year 2023/24	Year 2024/25	Year 2025/26	Year 2026/27	Year 2027/28	Total
Strategic Objective 1	823.32	1,324.98	1,283.73	1,344.47	1,443.95	6,220.45
Strategic Objective 2	9,580.02	9,492.01	9,878.93	9,096.04	7,684.23	45,731.24
Strategic Objective 3	9,310.90	4,926.51	8,952.50	4,409.75	4,743.50	32,343.16
Strategic Objective 4	259.22	271.53	197.12	205.33	254.97	1,188.17
Strategic Objective 5	203.12	318.68	207.49	299.75	239.84	1,268.89
Strategic Objective 6	896.37	1,414.81	1,022.14	2,241.93	877.22	6,452.46
Total	21,072.94	17,748.51	21,541.91	17,597.28	15,243.72	93,204.37

NATIONAL TUBERCULOSIS, LEPROSY AND LUNG DISEASE PROGRAM

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