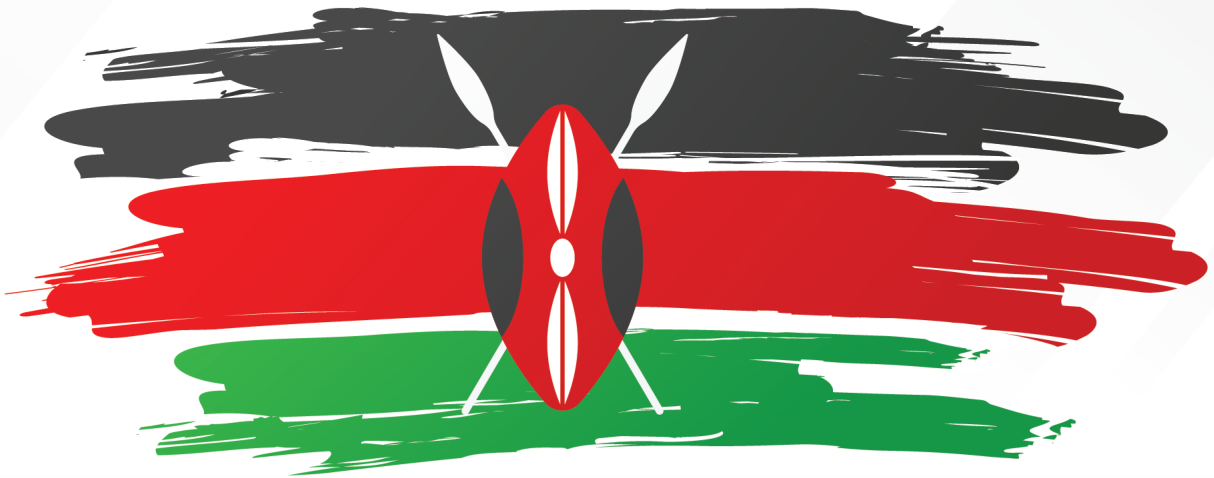




MINISTRY OF HEALTH

KENYA TB ACCELERATION PLAN FOR PEOPLE LIVING WITH HIV (K-TAP) 2025-2030



Foreword

While Kenya has made tremendous progress in the prevention and control of TB and HIV, the country is still listed among the 30 high TB/HIV burdened countries globally by the World Health Organization. Over the past decade, the country has had significant improvement in the uptake of several key preventive, diagnostic and treatment services for the People Living with HIV (PLHIV) like Tuberculosis Preventive Therapy, screening and diagnosis of TB using evidence-based and state-of-the-art tools and appropriate and optimal TB and HIV treatment. However, several challenges persist, including timely diagnosis of TB among the PLHIV and high mortality due to TB among the PLHIV – in fact TB continues to be the leading cause of mortality among PLHIV with those TB/HIV co-infected experiencing 3-4 times higher mortality rates as compared to the HIV-negative TB patients.

This TB Acceleration Plan for PLHIV (K-TAP) intends to consolidate efforts from all stakeholders in the fields of TB, HIV and relevant comorbidities to accelerate progress towards reducing TB/HIV incidence and mortality in the country by 2030. It aims to identify and successfully treat at least 95% of PLHIV with TB and provide tuberculosis preventive therapy to 100% of those eligible. It spells out the strategies, key focus areas and importantly, holistic interventions and key activities to achieve these goals. We recognize the efforts of various stakeholders in attaining these objectives as guided by the Government of Kenya and continue to call upon them to enhance such efforts as guided by this acceleration plan.

This policy document does not replace nor invalidate any existing and future policy documents by the Ministry of Health which cover in-depth how to achieve these objectives. Instead, it supplements this guidance by consolidating the approaches towards reducing TB incidence and mortality for PLHIV in Kenya.

It is my hope that this policy document helps provide a consolidated framework and impetus towards improving the prevention and control of TB among the PLHIV in Kenya, and that all stakeholders can identify with and support the approaches herein.



Dr. Patrick Amoth, CBS
Director General for Health
Ministry of Health

Acknowledgment

The development of the Kenya TB Acceleration Plan for People Living with HIV (K-TAP) 2025–2030 represents the collective vision, expertise, and dedication of numerous stakeholders committed to ending TB among people living with HIV in Kenya.

We extend our deepest appreciation to the Ministry of Health, under the leadership of the Cabinet Secretary and the two Principal Secretaries, for their unwavering support and stewardship of integrated TB/HIV programming. We are particularly grateful to the National AIDS and STIs Control Program (NASCO) and the National Tuberculosis, Leprosy and Lung Disease Program (NTLD-P) for spearheading the development of this plan and for their tireless efforts in coordinating partners and implementing integrated TB/HIV interventions across the country. Their coordinated efforts in championing integrated TB/HIV programming have been instrumental in advancing this critical public health initiative. Much appreciation also to the Division of Non-communicable Diseases for their contribution to strengthening the prevention, screening/ diagnosis and treatment of NCDs among the TB/HIV populations.

Our sincere thanks go to the TB/HIV and comorbidities Joint Committee of Experts for their technical input, thought leadership, and policy guidance throughout the conceptualization and drafting process. Special recognition is also accorded to our partners — including the World Health Organization (WHO), United States Centers for Disease Control and Prevention (CDC), former United States Agency for International Development (USAID), President's Emergency Plan for AIDS Relief (PEPFAR) implementing partners, The Global Fund to Fight AIDS, Tuberculosis and Malaria, other development agencies and donors, professional associations, implementing partners, and civil society organizations — for their insights, evidence, and support that have informed this ambitious and practical roadmap for TB/HIV/NCD collaborative activities.

We also acknowledge the contributions of County Governments across Kenya, county TB/HIV coordinators, healthcare workers in both the public and private sectors, and community health workers, who continue to play a vital role in ensuring people living with HIV are reached with quality integrated TB and HIV services. We recognize the Civil Society Organizations for their advocacy and community mobilization efforts.

Finally, we are indebted to the people living with HIV and TB/HIV co-infected communities, whose lived experiences and feedback have shaped the people-centered priorities of this plan. Your voices have helped bring focus to equity, accessibility, and dignity in integrated TB/HIV care. We honor the TB/HIV Champions and Peer Educators who serve as the vital bridge between health facilities and HIV-affected communities, ensuring that no one is left behind.

Together, we stand united in our resolve to scale up TB/HIV integration, bridge the gaps in dual disease programming, and build a resilient, multisectoral TB/HIV response that leaves no person living with HIV behind. This plan represents more than a strategic document—it embodies our collective commitment to ensuring that every person living with HIV in Kenya has access to quality TB prevention, care, and treatment services, contributing to achieving the global targets outlined in the UN High-Level Meeting commitments and the WHO End TB Strategy.



Dr. Immaculate Kathure

Ag, Head - National Tuberculosis, Leprosy
and Lung Disease Program

Ministry of Health, Kenya



Dr. Andrew Mulwa

Head - National AIDS and STI Control
Program

Ministry of Health, Kenya

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Abbreviations

3HP	– 3 months of weekly Isoniazid and Rifapentine
3RH	– 3 months of daily Rifampicin and Isoniazid
ADR	– Adverse Drug Reaction
AHD	– Advanced HIV Disease
AI	– Artificial Intelligence
ART	– Antiretroviral Therapy
AWP	– Annual Work Plan
CAPA	– Corrective and Preventive Action
CHPs	– Community Health Promoters
COE	– Committee of Experts, Centers of Excellence
COG	– Council of Governors
CrAg	– Cryptococcal Antigen
CRP	– C-reactive protein
CXR	– Chest radiograph
DCXR	– Digital Chest radiograph
DOT	– Directly-Observed Therapy-TB – Drug resistant TB
DST	– Drug Susceptibility Testing
EQA	– External Quality Assurance
HIV	– Human Immunodeficiency Virus
HRH	– Human Resource for Health
INH	– Isoniazid
IPC	– Infection Prevention and Control
KASF	– Kenya AIDS Strategic Framework
LF-LAM	– Lateral flow urine lipoarabinomannan assay
LMIS	– Laboratory Monitoring Information System
MOH	– Ministry of Health
MWRDs	– Molecular WHO-recommended rapid diagnostic tests
NSP	– National Strategic Plan
PLHIV	– People Living With HIV
PT	– Panel Testing
TAT	– TB/HIV Acceleration Team

TAP – TB/HIV Acceleration Plan

TB – Tuberculosis

TIBU – Treatment Information from Basic Unit (Kenya TB surveillance system)

TOR – Terms of Reference

TPT – Tuberculosis Preventive Therapy/ Tuberculosis Preventive Treatment

TWG – Technical Working Group

UNHLM – United Nations High-Level Meeting

WHO – World Health Organization

Executive Summary

Kenya has made significant strides in the control and prevention of TB – achieving a 38% reduction in TB incidence (against the 20% target) and a 54% reduction in TB deaths (against a target of 35%) in 2020 as compared to 2015. Equally, 98% of people living with HIV are aware of their status, 98% of those positive on antiretroviral therapy and of those, 94% are virally suppressed. Despite these achievements, the country is still among the 30 high TB/HIV burdened countries globally. In 2023, one-quarter of patients with TB were HIV co-infected; TB case fatality ratio was unacceptably high in this population, at least three times that of HIV-negative TB.

The country has instituted comprehensive care packages for PLHIV, including those co-infected with TB. In the recent past, Kenya has adopted several new and innovative tools and technologies to aid in the diagnosis of TB, including molecular rapid diagnostic tests, LF-LAM and more recently digital chest radiography coupled with artificial intelligence. The country has also rolled out shorter TB preventive treatment regimens for TB at-risk populations, including PLHIV. However, the uptake of these technologies and therapies remain less-than-ideal with significant disparities between geographies and sub-populations.

To complement efforts to accelerate Kenya's TB/HIV response as outlined in the End TB strategy and the global vision to end HIV/AIDS as a public health concern by 2030, the Ministry of Health has developed this TB Acceleration Plan for PLHIV (K-TAP): 2025 - 2030. This plan aims to reduce TB/HIV incidence and mortality in Kenya by synergizing efforts towards screening, diagnosis, treatment and prevention of TB among the PLHIV. This is through five strategic approaches: i) strengthening integration, coordination, governance and finance structures; ii) strengthening linkage to innovative tuberculosis screening and diagnostic tools to improve TB case finding; iii) enhancing quality of people-centered TB/HIV care, treatment and prevention services; iv) strengthening health systems, strategic information, and commodity management; and v) strengthening advocacy, resource mobilization, and community engagement.

The implementation of these interventions and activities is expected to be through multisectoral approach with the support of multiple stakeholders, including the national and county governments, development and implementing partners, the private sector, the civil society and academia and research institutions. Progress will be monitored and oversighted by the TB/HIV Acceleration Team.

1.0 Background

Global context of Tuberculosis and HIV

Tuberculosis (TB) continues to be a significant global public health challenge, resulting in more deaths over the past decade than any other infectious agent. In 2023, approximately 10.8 million individuals developed TB, with 8.2 million diagnosed and reported to the World Health Organization (WHO). Despite ongoing efforts, global TB treatment coverage remains low at 75%, and the case fatality ratio is alarmingly high at 12%, indicating an urgent need for enhanced interventions.

People living with HIV (PLHIV) are particularly vulnerable, facing at least a 16-fold increased risk of developing active TB compared to those without HIV. In 2023, there were 39.9 million PLHIV globally and 1.3 million new infections reported. TB is the leading cause of death among this population; in 2023, there were 662,000 HIV-positive incident TB cases, resulting in 161,000 deaths, which represents about one-third of all HIV-related fatalities.

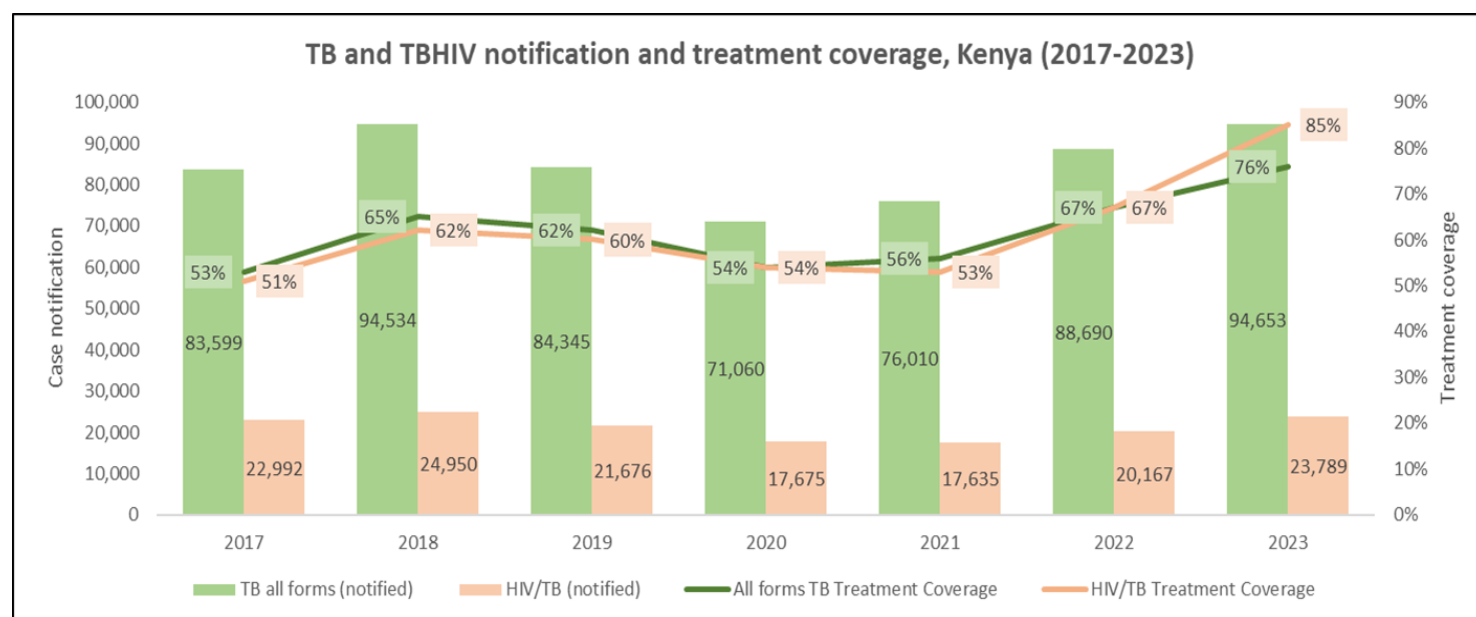
The WHO's END TB Strategy emphasizes integrated, people-centered care and prevention as essential for ending the TB epidemic by 2030. This strategy includes collaborative TB/HIV activities and management of comorbidities. Recent WHO policy guidance advocates for TB screening for all PLHIV at diagnosis and during follow-up visits, alongside routine HIV testing for TB patients. It also recommends that PLHIV with active TB begin both TB treatment and antiretroviral therapy (ART). Additionally, PLHIV without active TB should receive TB Preventive Treatment (TPT) to mitigate the risk of developing active TB.

To accelerate progress, the United Nations High-Level Meeting (UNHLM) in 2018 set ambitious targets, aiming for over 40 million individuals to begin TB treatment and 30 million people, including 6 million PLHIV, to receive preventive treatment by 2022. However, only 34 million received TB treatment and 15.5 million people received TB preventive treatment, achieving 84% and 52% of the targets. In 2023, new commitments were made at the UNHLM on TB, aiming to provide TB treatment to 45 million people (90%) and TB preventive treatment to 45 million people by 2027, including 30 million household contacts of TB patients and 15 million PLHIV.

Country context of Tuberculosis and HIV

Kenya has achieved notable milestones under the 2020 END TB strategy, including a 38% reduction in TB incidence (exceeding the 20% target) and a 54% reduction in TB deaths (against a target of 35%) compared to 2015 levels. Still, the country is classified as a high-burden country for TB and TB/HIV; in 2023, it was estimated that there were 124,000 TB cases, including 28,000 TB/HIV co-infected cases (WHO Global TB Report 2024). Of these, 94,653 (77%) were notified with new or relapse TB, representing recovery from the impact of COVID-19 pandemic that had resulted in a decline to 71,060 in 2020. Furthermore, TB treatment coverage has improved significantly, rising from 53% in 2017 to 77% in 2023. In the past two years, TB treatment coverage among PLHIV has surpassed that of the general population (Figure 1 and Table 1). The country has also made strides toward the 2018 UN High-Level Meeting targets, with over a million of the estimated 1.37 million PLHIV receiving TB preventive treatment.

Figure 1: Trends in TB and TB/HIV case notification and treatment coverage 2017-2023



Source: WHO Global TB Data

Table 1: Trends in case notification and uptake of TB/HIV services 2017-2023

Year							
Indicator	2017	2018	2019	2020	2021	2022	2023
All form TB case notification	83,599	94,534	84,345	71,060	76,010	88,690	94,653
% change in all form TB cases*		13%	-11%	-16%	7%	17%	7%
Known HIV status	80,357	92,447	82,905	70,446	73,830	85,615	92,896
% Known HIV status	96%	98%	98%	99%	97%	97%	98%
TB HIV cases	22,992	24,950	21,676	17,675	17,635	20,167	23,789
% change in TB/HIV cases*		9%	-13%	-18%	0%	14%	18%
HIV Positivity	28.6%	27.0%	26.1%	25.1%	23.9%	23.6%	25.6%
HIV-positive TB on ART	21,763	24,186	21,100	17,158	16,996	19,909	23,325
% ART Uptake	94.7%	96.9%	97.3%	97.1%	96.4%	98.7%	98.0%

*Percent change in notification compared to the previous calendar year

Data source: WHO Global TB Data

In 2023, 23,789 (26%) of the notified TB cases were HIV coinfecting. Examination of TB cohort data for persons initiated on treatment in 2022 showed an unacceptably high TB case fatality ratio among PLHIV; 10% compared with 4% among HIV-negative people with TB highlighting the need to comprehensively address the quality of care and ramp-up efforts to diagnose and appropriately manage advanced HIV disease (AHD). Furthermore, there remain disparities in TPT uptake among the PLHIV across the counties. The overall uptake of TPT amongst PLHIV newly enrolled on ART between Jan-Dec 2024 was 69%, with a sub-optimal uptake amongst children (50%) compared to adults (70%), with overall coverage ranging from 57%-99% and PLHIV newly initiated on HIV treatment as low as 57% and children even lower at 47%. While the introduction of new tools has demonstrated a significant impact, access to the WHO-recommended TB screening and diagnostic tools including CXR, molecular rapid diagnostic tests, C-reactive protein (CRP), and LF-LAM is less than ideal.

To address these, the Ministry of Health (MOH) through the Divisions of the National AIDS and Sexually Transmitted Infection Control Program (NASCOPI) and the National TB, Leprosy and Lung Disease Program (NTLD-P) have supported the implementation of a comprehensive package of TB/HIV prevention, diagnosis, care, and treatment services at site levels and coordination, surveillance, monitoring, and evaluation at county and national levels. There is an urgent need to rapidly scale up this package to ensure equitable progress towards the set goals.

Alignment of the TB/HIV Acceleration Plan with Kenya's National Strategic Plan for TB response and control (2023/24–2027/28) and the Kenya AIDS Strategic Framework (KASF) II (2020/21–2024/25)

The TB/HIV acceleration plan (TAP) provides an opportunity for the country to implement high-impact interventions and activities towards increased treatment coverage by finding all missing people with TB and ensuring that people at risk of TB, especially people living with HIV have good outcomes. Further, its implementation will complement ongoing country efforts towards acceleration to meet national and global targets as committed in the UNHLM in 2023. These aspirations perfectly align with the Kenya Ministry of Health (MOH) vision to address HIV-related TB morbidity and mortality as outlined in the Kenya AIDS Strategic Framework (KASF) II 2020/21-2024/25 and the National TB Strategic Plan (NSP) 2023/24-2027/28.

2.0 Rationale

Kenya is both a high TB and TB/HIV burden country. While progress has been made in increasing TB case detection, programmatic gaps identified during the NSP 2018-2023 end-term review and gap analysis (Box 1), as well as the multi-stakeholder WHO-sponsored Accelerate TB/HIV response situation analysis meeting (Box 2), highlight the need for urgent action. The TAP complements efforts to accelerate Kenya’s TB/HIV response, as outlined in the End TB Strategy and the global vision to end the HIV/AIDS pandemic as a public health concern by 2030.

The TAP aims to address barriers in accessing care, particularly among key and vulnerable populations, by prioritizing all at-risk groups, including but not limited to PLHIV, children, pregnant and breastfeeding women, adolescents and young people, individuals in carceral and other congregate settings, healthcare workers, and those with other chronic diseases. The plan provides an opportunity to identify gaps in the provision of TB/HIV services, develop and strengthen innovative interventions to improve case finding, prevention, care, and treatment as well as coordination, monitoring, and use of strategic information.

TB/HIV cascade

The TAP utilizes the TB/HIV incidence and mortality reduction cascade as a strategic pathway to identify, treat, and successfully manage TB among PLHIV. The cascade begins with an estimate of the total number of TB cases expected to occur among PLHIV within a given period. Of these estimated cases, the target is to identify at least 95% through intensified case finding and routine TB screening. All identified cases should then be promptly initiated on TB treatment, aiming for 100% treatment coverage. To ensure effective disease management and reduce TB-related mortality, the final step in the cascade targets a 95% treatment success rate, achieved through comprehensive clinical care, adherence support, and integrated TB/HIV services. This cascade approach provides a clear framework for monitoring progress and driving accountability in efforts to reduce TB incidence and mortality among PLHIV.

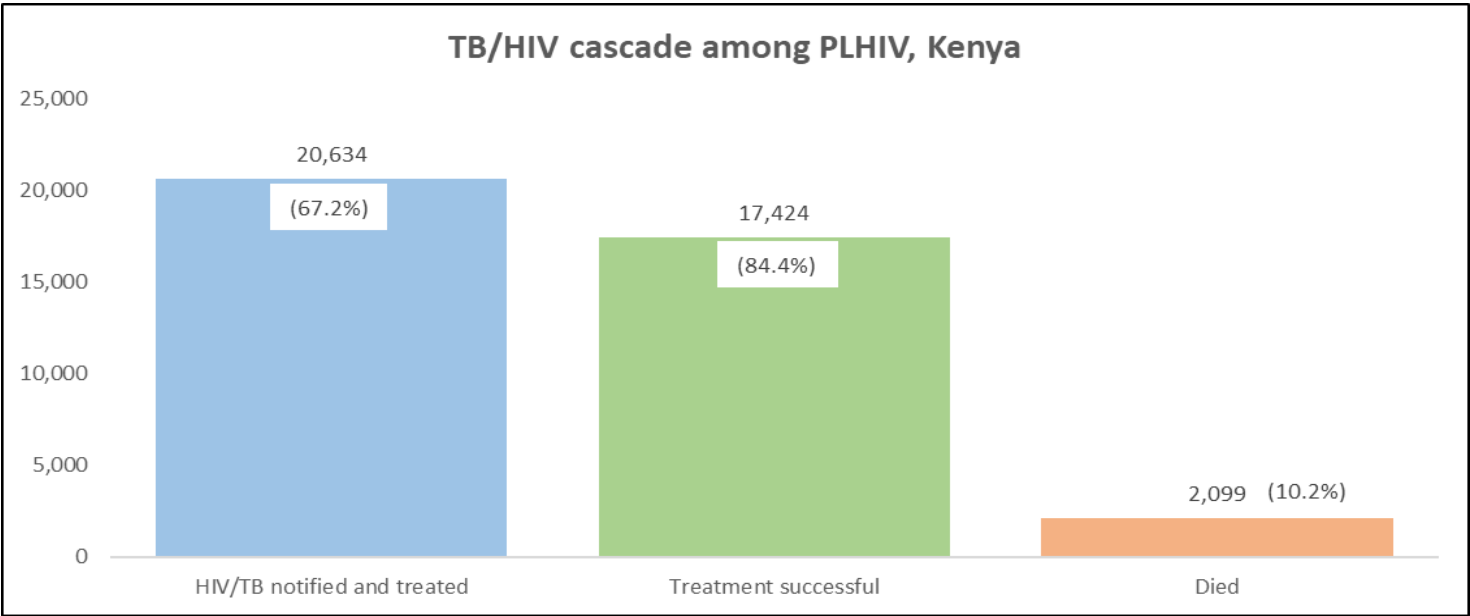


Figure 2: TB/HIV cascade for the year 2022; Source WHO global TB report 2024

Box 1: TB/HIV gaps identified in the Kenya TB NSP 2023/24-2027/28

Case finding

- Only 43% of health facilities where people initially seek care can diagnose TB.
- Unwillingness, lack of motivation, and hesitancy to provide TB services by the private sector.
- Inadequate targeted approaches for TB case finding among vulnerable groups.
- Low sensitivity of symptom screening.
- Sub-optimal TB screening at the community level.
- Limited access to CXR for screening- Radiology services are largely available in only high-level facilities.
- Passive case-finding approaches are leading to missed cases of TB and delayed diagnosis, with resultant negative impacts on treatment outcomes.

TB prevention

- Low coverage of TPT in 50% of selected counties.
- No national policy position on preventive therapy for DR-TB
- Lack of isolation wards to admit TB patients who need care in most counties.
- Erratic supply of TPT commodities leading to prolonged disruption in TPT scale-up and suboptimal TPT completion.
- Lack of systematic documentation and review of the ADRs linked to TPT.
- TPT provision through private providers is limited.

Quality of care

- High case fatality ratios in TB/HIV co-infected patients presenting with advanced HIV disease.
- Inconsistent supply of key commodities like HIV test kits, CrAg tests, viral load tests, CD4 tests, fluconazole, and nutrition supplements.
- Comorbidities not adequately managed.
- Care is uniform rather than patient-centered or considerate of individual needs, for treatment protocols that could include personalized DOT or mental health counseling among other holistic approaches to care.
- Low technical capacity in the holistic management of patients at lower facility levels, resulting in missed diagnoses due to the failure to recognize co-morbid conditions and factors predisposing to mortality.
- Lack of a structured system for referral or linkage of patients with other comorbid conditions for evaluation and specialized care.
- Passive implementation of multidisciplinary involvement in the management of TB patients.

Laboratory Diagnostics Services

- Frequent laboratory commodity stockouts,
- Only 20 of the 47 counties have a functional integrated sample referral system for TB.
- Results and feedback for the EQA activities are not shared systematically with all laboratories assessed.
- Sub-optimal utilization of mWRDs platforms.
- Current WRDs focus on Rifampicin DST therefore potential for missing initial INH-resistant TB patients.
- Sub-optimal coverage for universal DST.

Strategic information

- No data on surveillance in high-risk DR-TB groups.
- Sub-optimal data linkage between the laboratory LMIS and the TIBU system.

Box 2: TB/HIV gaps and opportunities identified during the WHO Accelerate TB Response Meeting (July 2024)

Governance and Finance

- Gaps: TB and HIV programs are managed by separate departments, leading to fragmented reporting and a lack of integrated structures and planning.
- Opportunities: Existing authorities, focal persons, organograms, and strategic documents can be leveraged.

National & County Strategies

- Gaps: Inconsistent dissemination, coordination, lack of/ inadequate community participation as part of decision-making structures (e.g., TWGs/ COEs) and integration between TB and HIV programs, with siloed structures and misaligned diagnostic and treatment processes.
- Opportunities: Existing strategic plans, TWGs and Centers of Excellence (CoEs) offer a foundation for better coordination.

Advocacy

- Gaps: Insufficient resources, low political commitment, inadequate community involvement, and poor data management are key challenges.
- Opportunities: Political will, community networks, and existing policy frameworks provide a basis for improved advocacy.

Commodities and supply chain management

- Gaps: Lack of coordination between TB and HIV programs in managing commodities, visibility of data, and integrated distribution systems.
- Opportunities: Functional meetings and existing tools for commodity security and procurement can be utilized.

Monitoring and Evaluation (M&E)

- Gaps: Unclear denominators for key populations, different data sources, data quality issues, and separate mortality audit tools for TB and HIV.
- Opportunities: Defined indicators, digitized data collection systems, and existing review meetings provide a platform for improvement.

3.0 Goals and Objectives

Goal:

To reduce TB/HIV incidence and mortality in Kenya in line with the global agenda to end TB and HIV/AIDS as public health concerns.

Objectives:

Primary objective:

To identify and successfully treat at least 95% of PLHIV with TB and provide tuberculosis preventive therapy (TPT) to 100% of those eligible.

Secondary Objectives:

1. To strengthen TB/HIV coordination and governance structures at the national and county levels to achieve 90% functionality.
2. To achieve over 95% TB screening coverage and 90% molecular WHO-recommended rapid diagnostic tests (mWRDs) access for presumed TB among PLHIV.
3. To increase access to digital chest X-rays (dCXR) with artificial intelligence (AI) and mWRDs to 80% of health facilities.
4. To strengthen Infection Prevention and Control (IPC) activities at all health facilities.
5. To optimize TB/HIV data quality and use to achieve 95% accuracy and timeliness.
6. To enhance TB/HIV commodity and supply chain management to ensure 95% availability of essential supplies.
7. To strengthen communities' engagement in TB/HIV interventions.

4.0 Strategies

The Kenya TB/HIV Acceleration Plan will utilize existing structures to ensure equity by reaching underserved populations, including children, men, pregnant and breastfeeding women, and key populations in carceral and congregate settings. The plan will ensure the sustainability of the TB/HIV response through integration with the national and county HIV and TB strategies, stakeholder engagements, leveraging M&E and aligning with the Universal Health Coverage agenda. The TAP promotes efficiency and fosters a people-centered approach to persons living with HIV (PLHIV) and TB and puts the communities at the core of the approach.

Key areas of focus

1. Strengthen integration, coordination and joint planning
2. Accelerate TB case finding and linkage to TB and HIV care
3. Improve access to universal quality-assured TB diagnostics
4. Improve TB prevention (including IPC), quality of TB/HIV care and treatment outcomes
5. Strengthen procurement and supply chain management systems
6. Consolidate health and community systems and strategic information
7. Strengthen advocacy, community involvement and resource mobilization.

5.0 Interventions

Proposed key interventions

Priority interventions to be scaled up include the use of dCXR with Computer-Aided Detection (CAD), increasing access to molecular testing for PLHIV and children, enhancing community and facility case finding through decentralized services, addressing the quality of TB and HIV care, enhancing data access and use, and strengthening coordination and planning. These interventions have been grouped into 5 strategic approaches covering all the key focus areas above. These include:

1. **Strategic approach 1:** Strengthen integration, coordination, governance and finance structures
2. **Strategic approach 2:** Strengthen linkage to innovative tuberculosis screening and diagnostic tools to improve TB case finding
3. **Strategic approach 3:** Enhance the quality of people-centered TB/HIV care, treatment and prevention services
4. **Strategic approach 4:** Strengthen health systems, strategic information, and commodity management, and
5. **Strategic approach 5:** Strengthen advocacy, resource mobilization, and community engagement

The related interventions addressing these strategic approaches and key focus areas are presented in the table below:

Table 2: Intervention and key activities

1. Strategic approach: Strengthen integration, coordination, governance and finance structures					
Key Interventions		Key activities	Description	Comments	Responsibility
Re-establish a mechanism of collaboration between HIV and TB programs		Establish a national TB/HIV/NCD Steering Committee	Steering committee coordinated at DG's office including members of the COG	Members appointed by the DG. including members of COG	HoPs NASCOP, NTLD-P and NCD
		Develop a national framework for TB, HIV, NCD and outpatient service integration	Generic information provided on integration models to guide counties and other providers to customize integration of HIV, TB and NCD services with other services with considerations for IPC	Process to be co-led by both programs	HoP NASCOP, NTLD-P and NCD
		Create a TB HIV and Comorbidities - Joint Committee of Experts (TWG)	Clear TOR developed and membership drawn from MOH programs (NASCOP, NTLP, NPHLS, NCDs), Counties, partners, communities, key stakeholders	- Quarterly meetings - National and Regional TWGs	HoPs NASCOP, NTLD-P and NCD
		Re-designate TB/HIV and comorbidity focal person at both NASCOP, NTLD-P and NCD	Appoint or second a focal person to TB, HIV and NCD programs	- Timely coordination - Clear assigned roles & responsibilities	HoPs NASCOP, NTLD-P and NCD
		Develop a TB/ HIV and comorbidities integrated organogram	An integrated cross-divisional NASCOP, NTLD-P and NCD organogram developed	Approved by both programs	HoPs NASCOP, NTLD-P and NCD
		Jointly develop an integrated TB/HIV and	Streamline development of the TB/HIV and comorbidity AWP for activity co-creation and reduction of duplication	Annual work plan to be developed jointly by the steering committee	HoPs NASCOP, NTLD-P and NCD

		comorbidity annual work plan • Joint implementation and monitoring of the integrated AWP	• Review of the implementation of integrated AWP through the TB/HIV and Comorbidity TWG and tracking by focal persons	• Clear TORs in TWG	and TAP Secretariat
		• Sensitization of stakeholders on the Joint TB/HIV and comorbidity work plan	• Stakeholder meeting to sensitize on potential areas of support	• Stakeholders at national and county levels, including communities	HoPs NASCOP, NTLD-P and NCD
		• Quarterly TB/HIV and comorbidities program review meetings	• Quarterly TB/HIV and comorbidities stakeholder meetings to be held to review progress in implementation of the joint work plan.	• This is ongoing but needs to be regularized	HoPs NASCOP, NTLD-P and NCD and TAP Secretariat
		• Dissemination of available TB and HIV strategic and operational documents	• Available TB, HIV and NCD programs strategic and operational documents to be disseminated widely at all levels using different platforms	• Dissemination and integration of the key documents	HoPs NASCOP, NTLD-P and NCD and TAP Secretariat
		• Joint TB/HIV/NCD Technical Assistance to the regions leveraging on existing Regional TWGs • Work with intergovernmental directorate and COG to develop county TB TORs	• HIV, TB and NCD Programs to work with COG to develop integrated regional TWGs alongside the TORs	• Regular intercounty cross learning to promote best practices.	National TB/HIV CoE secretariat

		- Joint Mapping and coordination of resource allocation to TB and AHD centers of excellence to maximize synergies - Leverage on the existing regional TWGs for both TB and HIV to optimize technical assistance	- The HIV program through the AHD Sub-Committee has mapped out AHD Centers of Excellence in 147 facilities across the country . - The TB program has identified twelve TB centers of excellence and will work with the HIV program to optimize resources. In addition, the NTP will work with NASCOP to optimize diagnostics and quality of TBHIV care in the 147 AHD COEs - Review the existing HIV/TB ToRs to align to TAP priorities - Include the intergovernmental directorate and the COG in the planning	- Joint review of selected Centres of Excellence between the 2 programs (align selected DR TB COEs with selected AHD facilities) - Both programs to align placement and distribution of TB/HIV and AHD commodities to the CoE facilities	TB HIV focal persons at NASCOP and NTLD-P
		Strengthen coordination and joint planning across stakeholders	- Conduct biannual national Field Visit and support supervision at the facility level - Quarterly multi-stakeholder TB HIV acceleration team (TAT) reviews of performance and progress towards target achievement - Hold monthly TB/HIV/NCD check-in meetings to review progress in implementation at all levels. - Incorporate other CHMT members in TB/HIV TA visits	Create an avenues for dissemination	TAT GOK/County TB/HIV/NCD Stakeholders
Strategic approach: Strengthen linkage to innovative tuberculosis screening and diagnostic tools to improve TB case finding					

Key Interventions		Key activities	Description	Comments	Responsibility
Utilizing innovative new screening tools and enhancing the use of existing sensitive TB screening approaches including other emerging technologies		• Use of digital Chest X-ray with CAD-AI at facility and community differentiated delivery sites. • Phase-in Chest ultrasound with AI as TB screening tool • Validation of dCXR as a TB screening tool in children	• Mapping of existing digital CXR platforms and defining the country needs • Procure ultraportable dCXR and CAD software coupled with service contract • Operationalize hub-spoke model to increase access to CXR screening for PLHIV • Conduct minor renovations of facilities to create room for placement of CXR equipment • Support maintenance and operation of equipment, including provision of assorted accessories • Support human resources for health (HRH), including radiographers, for optimum usage of the new tools • Build the capacity of healthcare workers on digital CXR+CAD • Mobilize resources to phase-in new technologies and validation of existing ones for use in different populations	• Mapping and site prioritization done • Engage the various constituencies to negotiate for free/accessible dCXR to patients • Engage radiologists to promote dCXR buy-in • Leverage support from other funding sources (e.g., GF) on support of new tools	TAP Secretariat TB/HIV Stakeholders. Gok Global Fund Kenya Nuclear Radiation Authority (KNRA)
		• Optimize performance of dCXR AI software by establishing population specific threshold	• Establish a national repository of dCXR data linked to the national HIV treatment and TB laboratory and treatment databases	• Enhance the connectivity solution supported by the iNTP pilot in the country	TAP secretariat GoK/ Global fund

			• Support procurement of additional servers and backup space in the cloud for storage of dCXR images and other relevant data • Procure consultancy services for the establishment of a secure national database aligned to the Data Protection Act • Hold a national consultative meeting to develop TOR for the integrated national TB HIV dCXR and Lab database		
		• Support establishment and expansion of dCXR quality assurance and ongoing quality improvement	• Hold ongoing workshops involving radiologists, physicians, epidemiologists, statisticians, and program staff to establish AI scores thresholds for various dCXR equipment, different AI software and populations. • Establish and operationalize 12 telemedicine-hubs with a network of radiologists to support dCXR AI quality assurance and enhanced machine learning. • Support quarterly dCXR data quality review meeting	• Threshold score of 60 was used at pilot level. Review these especially for PLHIV and other specific populations for optimal case finding	TAP secretariat TBHIV Stakeholders GoK/ Global Fund
Intensified quality TB screening		• Quality screening of PLHIV for TB using WHO 4-symptom screening tool at every clinical encounter at all entry points in hospitals and other health care	• Retrain health care workers to improve the quality and reach of TB symptom screening across all service delivery points and populations (including documentation and quality of symptom elicitation)	• Capacity build staff on Active and Intensified TB case finding, including CQI to reduce leakages in the cascade.	TB HIV Stakeholders GoK/ Global Fund

		facilities, including private sector, nutrition clinics, CWC, OVC, ANC and PNC, etc. Integrate the use of CXR+AI in the screening algorithm for PLHIV	Establish CQI projects to improve the quality of TB screening, diagnosis and treatment cascade.		
Integrated community case finding		Integrated multi-disease (TB/HIV and comorbidities, etc.) Community screening, diagnosis, care and treatment	- Use the primary care networks (hub-and-spoke model) for community outreaches and campaigns - Leverage the TB Champions, CHPs and peer educators and build their capacity to identify, refer, and follow-up presumptive and confirmed TB and HIV patients and their contacts - Tracing TB patients and PLHIV clients to return to care.	- Use of national surveillance (TIBU) data to map TB and HIV hotspots - Leverage the eCHIS for appropriate documentation and referral	GoK/ Global Fund TB HIV Stakeholders
integrated contact management		- Finding contacts of clinically and bacteriologically confirmed TB cases and sexual/social contacts of PLHIV - Referral and linkage to diagnosis, treatment and prevention services - Sensitize TB linkage assistants and champions on	- Train and support staff to implement contact management including reverse contact tracing for pediatric TB, TB/HIV patients and sexual/social contacts for PLHIV - Provide/ link contacts to relevant prevention and testing services	Leverage support of all Implementing partners and stakeholders	GoK/ Counties and TB/HIV Stakeholders

		HIV for integration at the community level.			
Linkage to new and innovative diagnostic tools for TB/HIV		• Develop and operationalize sustainable county specific integrated sample referral systems • Development of comprehensive screening and diagnostic algorithm • Use of stool-based molecular rapid diagnostic testing in children, including through community campaigns. • Use of urine LF-LAM as part of advanced HIV Disease package of care to aid in diagnosis of TB as a point-of-care rapid test • Scaleup the use of rapid molecular diagnostic tests for identification and drug susceptibility testing of MTB • Optimize the use of multiplex platforms to test and monitor PLHIV for hepatitis, viral loads and Early Infant diagnosis (EID)	• Consultative dialogue on the integrated screening and diagnostic algorithm • Training of site-level staff on biosafety and biosecurity during TB/HIV specimen collection, packaging, and transportation of samples • Support forecasting, quantification, and supply chain management of TB/HIV commodities (Procure POC, additional TrueNat equipment and one year worth of cartridges and ten-color GX cartridges for diagnosis of 2nd line DRTB.) • Train site level staff on AHD package of care. • Enroll all TB diagnostic testing facilities on PT and ensure documented PT participation and CAPA. • Strengthen and expand the integrated sample referral network in the country, including development of TB diagnostic network TORs for each level from national to community level. • Enhance diagnostic network optimization (DNO) to improve access to TB diagnostic services	• Leverage on other funding streams in addition to PEPFAR support • Support counties to implement integrated specimen referral guidelines	TB/HIV Stakeholders. GoK/ Global Fund

			• Use of high throughput VL/EID platforms for TB testing in select sites • Integrate QA and PT for new rapid molecular diagnostic test • Enhance clinical/lab interface through continuous laboratory quality improvement initiatives (CLIQC) • Support remote logging in the facilities with TB diagnostic capacity of either culture or molecular testing across the country.		
• Strategic approach: Enhance the quality of people-centered TB/HIV care, treatment and prevention services					
Key Interventions		• Key activities	• Description	• Comments	Responsibility
Quality of TB and HIV care		• Ensure universal DST for all TB patients • Ensuring linkage to care of all People with TB and HIV • Routine monitoring of TB/HIV clients through clinical and laboratory tests • Enhance the quality of care for both DS and DR TB/HIV • Build capacity to identify and manage other comorbidities	• Strengthen Lab-clinical-SI interphase to track attrition across the diagnosis and treatment uptake spectrums • Support TB and DRTB treatment optimization, including DSD models. • Expand access and improve TAT for culture and DST. • Support roll out and uptake of AHD package of care • Strengthen appointment management, adherence counselling and follow up of TB patients on treatment.	•	GoK/ Global Fund TB HIV Stakeholders

		• Improve TB/HIV outcomes including cure rate and mortality	• Conduct patient-centered clinical review meetings to address complicated clinical cases • Conduct mortality audits for all TB/HIV deaths and use findings to improve program outcomes. • Assess social determinants of TB HIV mortality, identify gaps and address them by linking to social protection services		
TB prevention among PLHIV, TB contacts and other eligible population		• Sensitize communities on the uptake of TPT among PLHIV and all eligible groups including DSTB/DRTB contacts. • Strengthen IPC practices in health facilities, communities and congregate settings • Sensitization of HCWs and communities on TB prevention strategies • Sensitize public health officers to enforce IPC practices throughout the design, construction and maintenance of buildings.	• Increase the uptake of TPT among all eligible. • Strengthen monitoring of TPT uptake among the newly initiated on treatment, TPT outcomes, adverse reactions, documentation and reporting • IPC assessments conducted in health facilities and other community and congregate settings and work plans developed • Strengthen facility IPC teams and ensure regular meetings are conducted • Engage stakeholders to strengthen infection prevention and control activities at health facilities, communities and congregate settings	• Strengthen uptake of new shorter regimen for TPT including DRTB and 3HP for children	GoK/ Global Fund TBHIV Stakeholders including facility IPC focal person, Facility IPC committees, implementing partners, TB coordinators and IPC focal persons

- Strategic approach: Strengthen health systems, strategic information, and commodity management

Key Interventions		Key activities	Description	Comments	Responsibility
Improve commodity security		• Advocate for adequate resource allocation by all stakeholders to TB/HIV and relevant comorbidities' commodities • Establish the joint TB/HIV commodity security planning collaboration • Increase the availability of commodities to support prevention, TB/HIV/NCD diagnosis, and treatment	• Joint quarterly TB and HIV commodity security meetings • Each program nominates members to sit in the National Order Management Team (NOMT) of the sister program. • Joint quarterly TB/HIV NOMT meetings • Quarterly joint review of TB and HIV commodities from the health facilities to county and national level • Harmonize reporting of TB and HIV (and relevant comorbidities) commodities to have at one level e.g., one-pager at the sub-county level) • Institute joint forecasting and quantification of TB and HIV (and relevant comorbidities) commodities. • Hold quarterly joint meetings to build consensus and revise available tools to promote interoperability for end-to-end visibility of the TB and HIV commodities at all levels. • Integrate distribution and redistribution of TB and HIV commodities. • Joint post-market survey mapping	• Review TORs/membership of the commodity security committees and NOMT in both NASCOP and TB program to ensure cross representation. • At a minimum, there should be a cross representation of TB and HIV programs in either of the programs' commodity security meeting	GoK/ Global Fund TB HIV Stakeholders

			• Sensitize HCWs on reporting of TB and HIV commodities. • Quarterly TB and HIV Pharmacovigilance data review		
Use of digital technology to map TB and HIV hot spots to find new and missing TB/HIV cases		• Review available HIV and TB tools and enhance geospatial mapping capacity • Hot spot mapping using visual-spatial technology using routine national data	• Support MOH to use available data sources to profile Primary Care Networks by Risk of HIV and TB and prioritize interventions		Stakeholders GOK
Strengthening operational and implementation research for TB/HIV		• Use of operational and implementation research approaches to identify barriers to quality of care and prevention • Joint data review analysis and development of scientific products on TB/HIV • Hold annual best practice sharing forums	• Collaborative efforts in conducting operational research on TB and HIV to inform policy review and programming using local evidence • Support the MOH and implementing partners to understand and use available program and modeling data to inform decision-making in HIV and TB	• Establish and facilitate the national and subnational OR working groups	All stakeholders GOK
SI monitoring and evaluation		• Inter-operationalize the existing (Kenya EMR, TiberBu, TIBU, WebADT, TIBU-LIMS, Digital X-ray platforms) and upcoming TB and HIV care and data platforms to improve	• Identify specific indicators to monitor the performance of the TAP strategies. • Joint TB and HIV review meetings with the stakeholders to include the Digital Health Authority team in MoH and other partners.	• Harmonization of the existing indicators and aligning the denominators to clearly capture the numbers as defined in the policy documents (guidelines)	GOK TB/HIV Stakeholders

		quality, reporting, analysis, and use. Improve interoperability through use of inbuilt APIs • Kenya EMR revisions and upgrades, pilot and roll out • Data demand and information use (DDIU) • Conduct TB/HIV surveillance (DQA/SQA) • Inclusion of TB/HIV in annual or periodic research dissemination forums for the 2 diseases.	• Joint analysis, review, and use of TB/HIV data to improve quality of care at National and sub-national levels. • Joint annual DQAs to Improve TB and HIV data quality and reporting. • Joint annual service quality assessments to improve efficiency and quality care. • Joint support supervision on HIV/TB SI interventions • Institutionalization of quality improvement activities in TB/HIV/NCD programming to improve patient outcomes, patient experience and efficiency in health systems • Joint review of M&E EMR tools, piloting, and rollout	• Re-align the TB/HIV and TPT cascade in both programs to ensure data concordance. • Review and inclusion of AHD indicators in TIBU and the Kenya EMR • Make the HIV/TB data systems interoperable by creating a reporting structure that is incorporated into KeEMR	
• Strategic approach: Strengthen advocacy, resource mobilization, and community engagement					
Key Interventions		Key activities	Description	Comments	Responsibility
Strengthen advocacy, resource mobilization, and community engagement		• Periodic sensitization of political and community leaders on TB/HIV • Train all healthcare workers in HIV and TB care including TPT	• Advocate for increased resource allocation for TB and HIV programs and TPT • Foster partnerships for technical and financial support, including the involvement of key stakeholders	• Existence of a robust TB parliamentary caucus • Existence of active and empowered TB and HIV champions at the community levels • Presence of TB/HIV CSOs advocates	Stop TB Partnership, HENNET and NEPHAK NASCOP and NTLD-P

		- Disseminate and sensitize communities on the existing TB and HIV strategic documents and their roles in advocacy - Facilitate participation of communities and CSOs in all engagements (policy processes and community engagement)	- Strengthen community engagement and participation in TB and HIV programs through engagement of community and patient groups in advocacy - Strengthen community-led monitoring strategies for improved patient outcomes among TB and HIV patients - Ensure communities and CSOs representation and participation in all TWGs and COEs	•	NASCOP and NTLD-P
		- Acknowledge communities and CSOs and their role in advocacy - Periodic review of progress towards advocacy targets	- Improve data management systems to ensure accurate capture of community output data at facility for timely and informed decision-making. - Include advocacy indicators in the M&E frameworks for TB/HIV	•	NASCOP NTLD-P Stop TB Partnership, HENNET and NEPHAK
		Support communities and CSOs to advocate for full implementation of the recommendations from the various human rights studies.	Implement comprehensive activities that address TB/HIV related human rights barriers	•	NASCOP NTLD-P Stop TB Partnership, HENNET and NEPHAK
		Create awareness of TPT among target population through media, social media and community forums	Create targeted awareness among populations of focus to drive demand for TPT	Awareness through mainstream media to be conducted by NLTP and NASCOP	NTLD-P NASCOP

		• Develop and disseminate targeted TBHIV awareness IEC and SBCC materials		• Social media and community forums to be done by communities and CSOs	
		• Advocate for integration of TB in the existing HIV Multisectoral Accountability Framework (MAF) infrastructure. Advocate for review of the TB MAF to include HIV • Joint planning for both World TB and World AIDS days	• Strengthen TB/HIV and NCDs multi-stakeholder engagement. • Review both MAFs to identify areas of integration for both TB and HIV • Include TB stakeholders in planning and execution of World AIDS day. Include HIV stakeholders in the planning and execution of World TB Day	•	NASCOP NTLD-P Stop TB Partnership, HENNET and NEPHAK Division of NCDs

6.0 Monitoring and Evaluation

Performance of the TAP will be monitored monthly using but not limited to the indicators below. At a minimum, quarterly stakeholder meetings will be held to monitor progress and share best practices.

Key indicators

Key indicators, disaggregated by age, sex and geography as appropriate, will be assessed and reviewed including the following:

Proposed and existing HIV indicators

TB diagnosis

- ◆ % TB screening among the PLHIV in care
- ◆ % Screened positive (cumulative and disaggregated by symptom or CXR or both)
- ◆ % Screened positive tested for TB
- ◆ % Screened positive tested for TB with molecular tests
- ◆ % TB samples returned positive
- ◆ % of those testing positive who are started on appropriate TB treatment

TB Preventive Treatment

- ◆ % of those PLHIV newly initiated on ART initiated on TPT
- ◆ % of PLHIV in care ever initiated TPT
- ◆ % of TPT completion

National TB program indicators

- ◆ % of people with TB with known HIV status
- ◆ % of PLHIV with TB initiated on ART
- ◆ % Bacteriologically confirmed TB
- ◆ TB treatment outcomes (treatment success rate, death rate)
- ◆ Proportion of facilities connected to the integrated sample referral network
- ◆ Proportion of diagnostic facilities enrolled in the national PT network

National HIV program TB/HIV indicators

- ◆ Proportion of newly started on ART screened for TB
- ◆ Proportion of newly started on ART initiated on TPT
- ◆ Number of TB cases diagnosed (new and relapse)
- ◆ Proportion of known HIV positive newly diagnosed with TB

- ◆ Proportion of patients already on ART at the time of TB diagnosis
- ◆ Proportion of newly diagnosed TB patients testing HIV positive
- ◆ Proportion of newly diagnosed TB patients diagnosed with HIV who are started on HAART

Proposed New Indicators.

- ◆ Proportion of PLHIV on treatment who have never been initiated on TPT
- ◆ % TB screening with enhanced tools (CXR, CRP, LF-LAM)
- ◆ % of people diagnosed with TB who accessed enhanced TB screening tools (CXR, CRP, LF-LAM)
- ◆ Contribution of death among TB/HIV coinfecting patients
- ◆ Proportion TB/HIV being screened and treated for relevant comorbidities like diabetes, hypertension, mental illness (depression, anxiety, alcohol use) and post-TB lung disease (PTLD)
- ◆ Percentage increase in resource allocation from the National Government
- ◆ Percentage increase in resource allocation from the County Government
- ◆ Percentage increase in resource allocation from the Private sector
- ◆ Percentage increase in resource allocation from the international sources
- ◆ Percentage referred by community health promoters for TB/HIV services

List of Contributors

1. Dr Immaculate Kathure-DNTLD-P
2. Dr Andrew Mulwa-NASCOP
3. Dr Rose Wafula-MOH
4. Dr Eunice Omesa-WHO
5. Dr Mambo Barbara-WHO
6. Dr Herman Weyenga-CDC
7. Dr Abraham Katana-CDC
8. Dr Maurice Maina-USAID
9. Dr Grace Kaluai-DNTLD-P
10. Lilian Kerubo-DNTLD-P
11. Dr Carey Abuya-DNTLD-P
12. Dr Ibrae Umuro-DNTLD-P
13. Dr Philip Owiti-Chair TB/HIV CoE
14. Dr Lazarus Momanyi-NASCOP
15. Dr Nkirote Mugambi-Nyaboga-CHS
16. Dr Samson Muga-CHS
17. Grace Kwamboka-CHS
18. Dr James Wagude-Physician-Siaya County Referral Hospital
19. Dr Saumu Salim- Physician coast County Referral Hospital
20. Martha Mukami-NASCOP
21. Mburu Muiyuro-NASCOP
22. Dr Earnest Mbae-DNTLD-P
23. Wendy Nkirote-MOH
24. Dr Rozuna Muturi-NASCOP
25. Dr Pius Mutuku-Makueni County
26. Dr Ken Kibet Kimwei-NASCOP
27. Edward Omondi-AMREF
28. John Mungai-AMREF
29. Dr Philip Kimani-CHAI
30. Evaline Kibuchi-STP-K
31. Philip Nyakwana-KCM
32. Stephen Anguva-NTCB-K
33. Frankline Mwenda-CTLC-Kirinyaga county
34. Timothy Malika-CTLC Kisumu County
35. Carolly Migwambo-CTLC-Homabay County
36. David Gitau-CASCO Murang'a county



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