



TUBERCULOSIS PROFILE



Kenya ranks 10th among the world's 22 countries with a high tuberculosis burden. According to WHO (2006), Kenya had more than 200,000 new TB cases in 2004, and an incidence rate of 123 new sputum smear-positive (SS+) cases per 100,000 people. In 2005, 108,401 cases of TB were reported. This stagnation in case notification may be the result of a slackening of TB casefinding efforts or the result of a stabilization of the epidemic due to previous TB control efforts. It could also be a result of Kenya's phenomenal uptake of antiretroviral HIV/AIDS treatment. In 2005, TB treatment results showed treatment success rates of 82 percent for new SS+ pulmonary TB cases; 75 percent for SS+ re-treatment cases; 77 percent for new smear-negative cases; and 76 percent for extrapulmonary TB cases. The National Leprosy and Tuberculosis Program (NLTP) began implementing Directly Observed Therapy, Short-Course (DOTS) in 1993 and reported 100 percent DOTS coverage by 2001.

The major reason for Kenya's increasing TB burden is the concurrent HIV epidemic. In the last half of 2005, the National Leprosy and Tuberculosis Program (NLTP) introduced an integrated TB-HIV/AIDS data collection system, and the government recently placed the NLTP and the national HIV/AIDS program in the same division in the Ministry of Health to better address TB-HIV co-infection. With increased funding for planned NLTP activities, including mechanisms to improve treatment outcomes, TB-HIV/AIDS management, community-based care, public-private mix DOTS (PPM-DOTS), and multidrug-resistant TB, a greater proportion of TB patients should benefit from improved DOTS services.

Country population	33,467,329
Global rank out of 22 high-burden TB countries	10
Estimated number of new TB cases	207,311
Estimated TB incidence (all cases per 100,000 pop.)	619
DOTS population coverage (%)	100
Rate of new sputum smear-positive (SS+) cases (per 100,000 pop.)	123
DOTS case detection rate (new SS+) (%)	46
DOTS treatment success rate in 2003 (new SS+) (%)	80
Estimated adult TB cases HIV+ (%)	29.0
New multidrug-resistant TB cases (%)	0.0

Note: All data are for 2004 except where noted otherwise.
Source: Global Tuberculosis Control: WHO Report 2006.

USAID Approach and Key Activities

USAID will continue to support the NLTP, particularly in urban areas where the TB burden is the greatest. USAID will further work with the NLTP to increase the number of diagnostic centers and to integrate TB into voluntary testing and counseling (VCT) sites. Between 2001 and 2005, USAID funds for TB programming in Kenya averaged \$1.5 million per year.

USAID assistance targets the following activities and interventions:

- Strengthening the TB drug logistics system
- Providing support for distributing "patient packs," which contain enough TB drugs to fully treat one patient, and for a study to measure the packs' impact

- Enhancing the urban TB strategy beyond Nairobi to other major cities
- Working to increase the number of TB coordinators, as these have proved very effective in enhancing reporting and TB-HIV/AIDS collaborative efforts
- Expanding the PPM-DOTS program to involve all providers in DOTS
- Improving communication strategies to increase TB treatment adherence in Mombasa, Rift Valley, and Western provinces
- Strengthening TB diagnostics and treatment facilities in Mombasa, Rift Valley, and Western provinces
- Conducting operations research on isoniazid, a key drug used in treatment as well as prevention

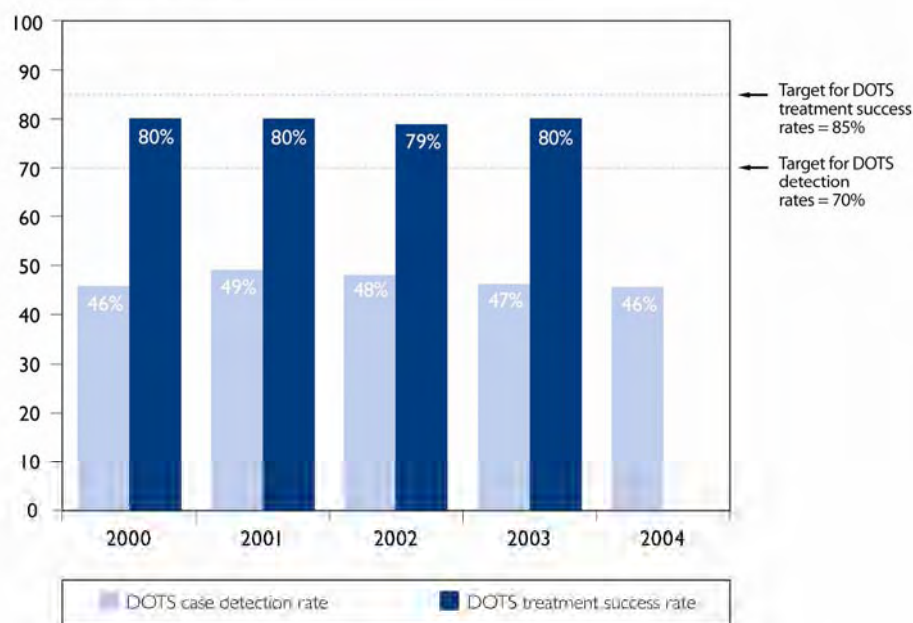
USAID Program Achievements

Since USAID began TB activities in Kenya in 2001, improvements have occurred in DOTS expansion, the laboratory network, quality assurance, and TB drug distribution.

Key USAID program achievements include the following:

- Enhanced the status of TB-HIV/AIDS collaborative activities, an area in which Kenya is one of Africa's leaders, with more than 80 percent of districts reporting on TB-HIV/AIDS activities and 37 percent of TB patients tested for HIV infection
- Worked on providing treatment in Samburu, a hard-to-reach area in Rift Valley Province
- Continued to expand DOTS coverage nationwide through community participation and pilot projects to encourage the use of PPM-DOTS
- Supported the installation of treatment and diagnostics centers, with new laboratory equipment
- Integrated TB and HIV/AIDS services, including VCT services

Case Detection and Treatment Success Rates Under DOTS



Note: DOTS treatment success rate for 2004 will be reported in the 2007 Global Report.
Source: Global Tuberculosis Control: WHO Report 2006.

Partnerships

Partnerships have been a 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. The U.S. Centers for Disease Control and Prevention (CDC) and the Canadian International Development Agency support logistics and training activities. Other partners include Family Health International and John Snow, Inc. In 2003, Kenya received \$11 million for TB activities from the Global Fund to Fight AIDS, Tuberculosis and

Malaria. Unfortunately, disbursement of these funds has been slow, with key core support to the national TB program still coming from the U.S. Government via USAID and CDC.

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