Processes and Prospects for Implementing the TB Financing Roadmap

A Reference Document for the National Strategic Plan Implementation Taskforce's Financing Task Team

March 2024

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ABOUT HS4TB

The USAID Health Systems for Tuberculosis (HS4TB) project seeks to transform the way country leaders and health system managers understand and work toward TB control and elimination. HS4TB is a five-year USAID contract focusing on health systems priorities that most directly support achievement of TB outcomes, with a focus on health financing and governance in the USAID TB priority countries. The project helps countries increase domestic financing, use key TB resources more efficiently, build in-country technical and managerial competence and leadership, and support policy formation and dissemination. HS4TB is led by Management Sciences for Health (MSH) in partnership with Open Development.

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INTRODUCTION

In 2024, Kenya's National Tuberculosis, Leprosy, and Lung Disease Program (NTLD-P) launched its National Strategic Plan (NSP) 2023/24-2027/28.[1] It also, for the first time, published a TB Financing Roadmap[2] designed to ensure adequate funding for the NSP's interventions while seeking to reduce the NSP's overall resource requirements by increasing the efficiency of TB expenditures.

The NSP provides for the creation of an Implementation Taskforce. As noted in the NSP, "A key responsibility is to ensure that adequate resources are allocated to implement the NSP, and as such the task force will work with government agencies to secure funding and mobilize additional resources."

To ensure an appropriate level of attention to and stewardship for this financing responsibility, the Implementation Taskforce will establish a smaller Financing Task Team (FTT) within the Taskforce. The FTT will be chaired by the NTLD-P Head, who will designate regular day-to-day stewardship of the FTT to the NTLD-P Monitoring, Evaluation, and Research (MER) Unit, as the NTLD-P does not currently have a dedicated Resource Mobilization Unit or its equivalent. However, NTLD-P will consider establishing such a unit or hiring a dedicated Resource Mobilization/Health Financing staff person over the course of NSP implementation, to take over the FTT stewardship responsibility from the MER Unit.

The TB Financing Roadmap will serve as an important guiding document for the FTT. It is composed of five strategic initiatives (SIs):

- SI 1. Mobilize Resources from Discretionary Government Budgets
- SI 2. Integrate TB Services into Social Protection Schemes
- SI 3. Ring-fence Domestic Financing for Disease Programs Including TB via Earmarks and Co-financing Mechanisms
- SI 4. Supplement Government Funding for TB with Private Sector Contributions
- SI 5. Increase Efficiency of Government TB Expenditures through Contracting of Selected TB Services to Private Organizations

While the annex of the TB Financing Roadmap equips the FTT with information on the relative priority level of each of the SIs, it does not provide the FTT with an indication of the likelihood of each SI being effectively implemented, nor a viewpoint on how this would impact the overall likelihood of the Roadmap reaching its intended objectives. This document is intended to serve as a reference for the FTT to clarify:

1. The baseline situation (FY2023/24) and target (by the end of the Roadmap implementation period, FY2027/28) outcome for each SI as well as the Roadmap's Implementation Arrangement;
2. The relationships that should be forged and strengthened to increase the likelihood of each target outcome being achieved by FY2027/28; and

[1] National Tuberculosis, Leprosy, and Lung Disease Program (NTLD-P). 2024. *National Strategic Plan for Tuberculosis, Leprosy and Lung Health 2023/24-2027/28.* Available: https://nltp.co.ke/wp-content/uploads/2024/01/NSP_2023-24-%E2%80%93-2027-28_11_01_2024Final.pdf

[2] National Tuberculosis, Leprosy, and Lung Disease Program (NTLD-P). 2024. *Kenya TB Financing Roadmap*. Nairobi. Available: https://pdf.usaid.gov/pdf_docs/PA021JXD.pdf

3. The operational and political feasibility of attaining each of these target outcomes, and the impact this has on the overall likelihood of the Roadmap being successfully implemented.

SI 1. MOBILIZE RESOURCES FROM DISCRETIONARY GOVERNMENT BUDGETS

TB funding from national and county government sources has been low and inadequate relative to resource needs. The foundation for more ambitious budget advocacy is improved resource tracking, particularly at the county level. NTLD-P therefore developed[3] and piloted[4] a TB Resource Tracking Tool, and developed a TB Planning & Budgeting Capacity Building Plan[5] (PBCBP) and a one-week PBCB training curriculum[6] designed to improve county TB coordinators' skills in priority-setting, resource tracking and resource mobilization. This should lead to ambitious but evidence-informed and realistic TB resource mobilization targets: targets that are then met over the NSP implementation period. This change agenda is outlined in Table 1.

Table 1. Change Agenda: SI 1

Baseline (FY2023/24)	Target (FY2027/28)
TB funding from discretionary budgets at national and county government levels is low and there are no benchmarks indicating sufficient levels of funding from these sources.	*National and county government discretionary budgets are meeting their annual TB resource mobilization targets, starting in FY2024/25.*

PROCESS SUMMARY AND KEY RELATIONSHIPS

While omitting the detail found in the TB Financing Roadmap, the main steps for SI 1 are listed below, followed by the key relationships required (Figure 1) and the feasibility of reaching the SI target by FY2027/28 (see the Implementation Outlook section).

1. NTLD-P will (a)[7] train TB coordinators on priority-setting, resource tracking, and resource mobilization, using the PBCBP. TB coordinators will support NTLD-P in (b) refining the training curriculum after each phase. They will also (c) submit data on their uptake of the recommended planning and budgeting approaches (which could populate planning and budgeting scorecards [PBSs], which do not yet exist). NTLD-P will then use these data to (d) report back comparative PBS results to each county (to generate friendly competition).

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[3] National Tuberculosis, Leprosy, and Lung Disease Program (NTLD-P). 2024. *Kenya TB Resource Tracking Tool*. Nairobi. https://dec.usaid.gov/dec/content/Detail.aspx?vID=47&ctID=ODVhZjk4NWQtM2YyMi00YjRmLTkxNjktZTcxMjM2NDBmY2Uy&rID=NjI3NzI0

[4] National Tuberculosis, Leprosy, and Lung Disease Program (NTLD-P). 2024. *Evidence Brief from TB Resource Tracking Tool Pilot*. Nairobi. https://pdf.usaid.gov/pdf_docs/PA021KNP.pdf

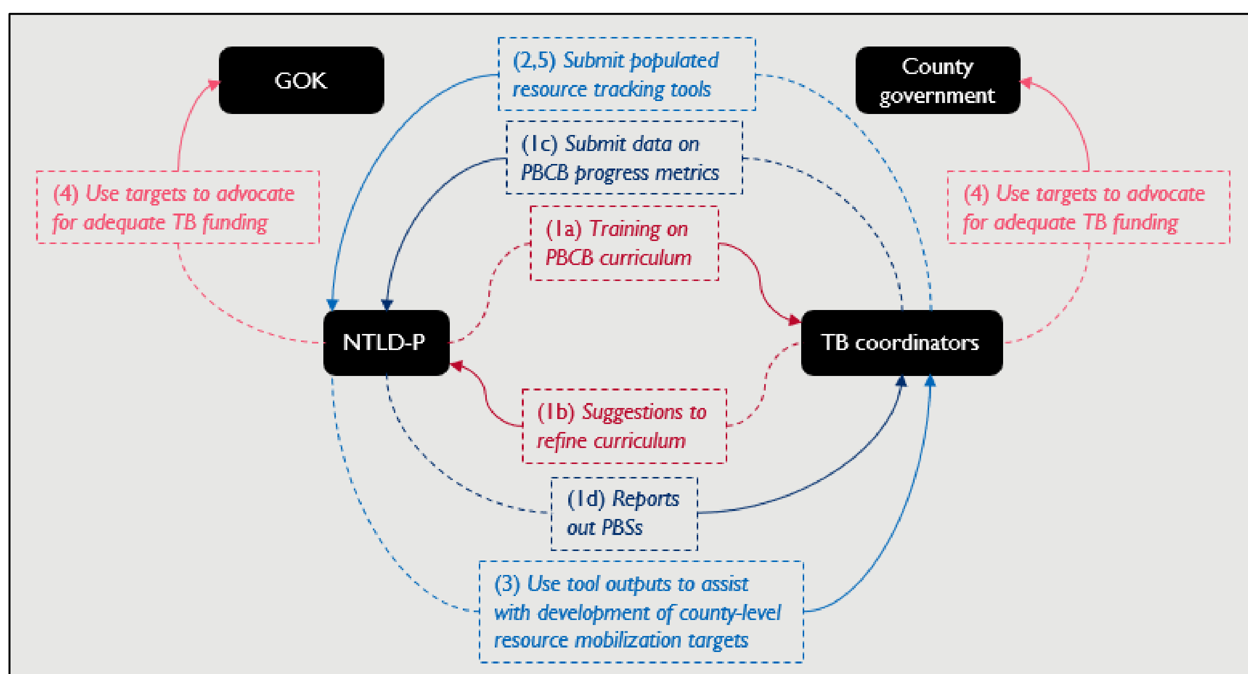
[5] National Tuberculosis, Leprosy, and Lung Disease Program (NTLD-P). 2024. *County-level TB Planning & Budgeting Capacity Building Plan*. Nairobi. Available: https://pdf.usaid.gov/pdf_docs/PA021JXJ.pdf

[6] National Tuberculosis, Leprosy, and Lung Disease Program (NTLD-P). 2024. *County-level TB Planning & Budgeting Training Modules*. Nairobi.

[7] Here and elsewhere in the SIs' process summary lists, letter references – i.e., '(a)' – are listed to draw a clearer link to their corresponding dotted-line boxes in the Key Relationships figures.

2. Once trained on resource tracking, TB coordinators will populate the resource tracking tool and submit historical TB allocations and disbursements to the central level for aggregation and analysis.
3. NTLD-P will estimate, in consultation with TB coordinators, national and county-specific resource mobilization targets by source and TB programmatic category. The FTT will revise these targets as the national TB financing landscape shifts.
4. NTLD-P and TB coordinators will use the targets attributed to Government of Kenya (GOK) and county government discretionary budgets to advocate for adequate TB funding from these sources.
5. TB coordinators will continue populating the resource tracking tool and submitting completed tools to NTLD-P so that both county TB coordinators and NTLD-P can track progress against the targets.

Figure 1. Key Relationships: SI 1



Numbers included in the figure's dotted boxes refer to the steps above the figure. GOK = Government of Kenya | NTLD-P = National Tuberculosis, Leprosy, and Lung Disease Program | PBCB = planning & budgeting capacity building | PBSs = planning & budgeting scorecards. In all figures, dotted lines connote outflows and solid lines, inflows.

IMPLEMENTATION OUTLOOK

Table 2 below illustrates the outlook for achieving the target outcome described in Table 1. The same table is provided in the subsequent four SI sections. Operational and political feasibility are scored to enable the FTT to gauge the level and nature of effort which each SI is expected to require. The volume of resources expected as an output is also included to assist the FTT with prioritizing its efforts across SIs.

Table 2. Implementation Outlook: SI 1

Indicator	Score
Operational Feasibility	*Moderate*
Political Feasibility	*Moderate*
Likelihood of Attaining SI Target by FY2027/28	*Moderate*
Output: Volume of Resources Expected	*High*

Operational Feasibility

Operational feasibility for SI 1 was assessed to be ***moderate***. The foundational policies and guidelines necessary for this SI to be implemented have already been developed: TB Financing Roadmap, PBCBP, PBCB Training Modules, and a piloted and revised resource tracking tool. However, the trainings still need to be rolled out, and this SI marks the first time that NTLD-P and TB coordinators are implementing and collaborating on domestic resource mobilization efforts in a meaningful way. As such, it will take some time for NTLD-P and TB coordinators to engage effectively in these areas. Still, NTLD-P was careful to design this SI in such a way that it would not introduce undue burden into the national program or county TB control units.

Political Feasibility

Budgetary decision-makers at national and county government levels generally believe that TB should remain a predominantly donor-funded program, because other areas of the county-level public health system lack external support and the timing of any donor transition out of TB has yet to be made clear to them. As a result, many county government decision-makers do not see the urgency to materially increase county government TB allocations. However, as part of their annual budget advocacy efforts captured in Step 4 above, NTLD-P and TB coordinators will include messaging designed to reverse the perception that TB should remain predominantly donor-funded. Further, the FTT will be careful to ensure that the resource mobilization targets mentioned earlier in this section are realistic and take these medium-term political limitations into consideration. Given all of this, the political feasibility for this SI is considered ***moderate***.

Likelihood of Attaining SI Target by FY2027/28

Because the operational and political feasibility of implementing this SI are assessed as moderate (as outlined above), the likelihood of national and county governments reaching their annual Resource Mobilization Targets over FY2024/25-FY2027/28 is also considered ***moderate***.

Volume of Resources Expected

Discretionary budgets fund the two most costly areas of the TB response – procurement of TB drugs and diagnostics, and personnel. As such, this SI is expected to mobilize a ***high*** volume of domestic resources.

SI 2. INTEGRATE TB SERVICES INTO SOCIAL PROTECTION SCHEMES

In 2023, the GOK repealed the longstanding National Health Insurance Fund (NHIF) and replaced it with the Social Health Authority (SHA). As outlined in more detail in the TB Financing Roadmap, with sufficient advocacy, NTLD-P can ensure that (a) the cost of human resources for TB diagnosis and clinical care, (b) the facility-based costs for TB screening (e.g. chest X-ray), and (c) TB public health activities (e.g. active case finding and contact investigation) are reimbursed by the SHA funds. Key informants have indicated that SHA plans to cover TB services, but it is unclear which specific cost elements and activities will be covered.

The FTT will track actual and projected revenues for the SHA funds and actual disbursements to the co-financed special purpose accounts (SPAs) discussed in SI 3 through FY2027/28. By this point, the Taskforce will decide whether the shift in funding responsibility for TB drug and diagnostics procurement from government discretionary budgets will be to the SHA funds or to the co-financed SPAs. This shift would be gradual, over the subsequent NSP implementation period (FY2028/29-FY2032/33).

Table 3. Change Agenda: SI 2

Baseline (FY2023/24)	Target (FY2027/28)
Stakeholders believe that TB services will be included in the list of services and activities reimbursed by SHA, but it is unclear whether all desired costs and activities will be covered.	*Human resource costs for TB diagnosis and clinical care, and activity costs for TB screening and TB public health activities, are included in the SHA list.*
Based on the TB Financing Roadmap's investment plan, it is unclear whether the SHA funds vs. the SPAs will cover TB drug and diagnostic procurement costs by FY2032/33.	*Decision made as to whether funding responsibility for TB drug & diagnostics procurement will shift to SHA funds vs. co-financed SPAs.*

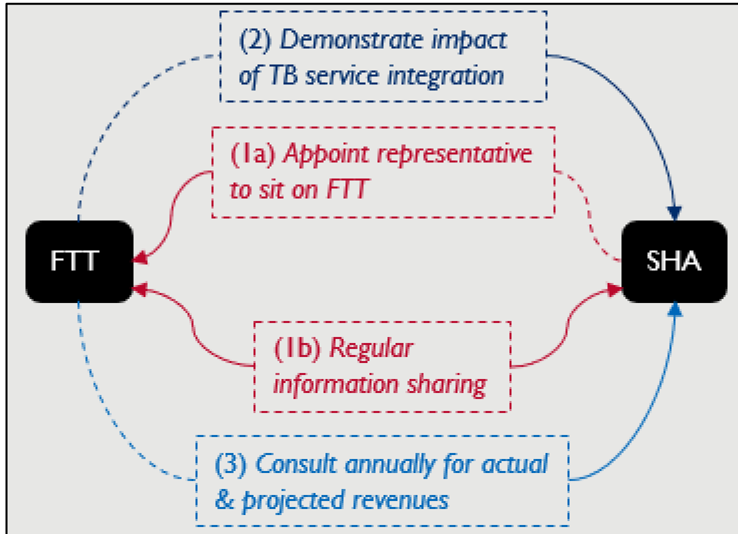
PROCESS SUMMARY AND KEY RELATIONSHIPS

SI 2 processes reflect interactions between the FTT and SHA:

1. NTLD-P will ask SHA to (a) appoint a SHA representative to sit on the FTT to establish a relationship between NTLD-P and SHA, and (b) ensure regular information sharing between SHA and the FTT. By participating in the FTT, the SHA representative will have access to real-time GOK and county government disbursement data which should help avoid the potential duplication of funding streams (which can occur even if TB-specific cost items and activities are not explicitly covered in the benefits package).
2. The FTT will consolidate and present information (e.g., to the SHA unit responsible for benefit package design) on the impact of integrating the desired set of TB services and activities on disease burden, cost of care, and other decision metrics used by SHA. This will likely require a simplified costing and actuarial analysis to determine the financial impact on premium costs. The SHA representative sitting on the FTT will provide inputs on appropriate assumptions and data points to use in generating this evidence.

3. The FTT will consult SHA annually for actual and projected revenues to inform the eventual decision to be made about long-term funding responsibility for TB drug and diagnostic procurement costs.

Figure 2. Key Relationships: SI 2



Numbers included in the figure's dotted boxes refer to the steps above the figure. FTT = Financing Task Team | SHA = Social Health Authority.

IMPLEMENTATION OUTLOOK

Table 4 summarizes the prospects for reaching the target outcomes described in Table 3.

Table 4. Implementation Outlook: SI 2

Indicator	Score
Operational Feasibility	*Moderate*
Political Feasibility	*Moderate*
Likelihood of Desired Future State Being Realized	*Moderate*
Output: Volume of Resources Expected	*Moderate*

Operational Feasibility

The operational feasibility of achieving this SI's target outcome by FY2027/28 is expected to be ***moderate***. However, this depends in large part on the level of evidence required by SHA. This SI potentially entails non-trivial costing and actuarial processes, if the SHA requires them in order to consider the inclusion of TB services (which it may not). Inclusion of TB under the SHA may also require an analysis and decision on the purchasing approach to be used for TB services, although the latter complication would not be present if SHA decides to include TB in a more general purchasing approach such as capitation or global budget. Operationally, it should not be challenging to establish and maintain a fruitful relationship between NTLD-P and the SHA via the FTT.

Political Feasibility

The political feasibility of implementing this SI is assessed as ***moderate***. As stated before, SHA is already planning on including TB services in its list. The purpose of Steps 1-2 of this SI is to ensure that the right cost items and activities are included. No notable political buy-in is required for this SI to be successful. However, there may be some challenges in maintaining SHA's interest in engaging with the FTT, based on the number of different health stakeholders and programs that will be seeking SHA's attention, and the disconnect that can sometimes develop between social health insurance schemes and vertical disease programs.

Likelihood of Attaining SI Target by FY2027/28

With moderate scores on operational and political feasibility, the likelihood that the desired set of TB services and activities are included is ***moderate***. The same is true for the eventual decision about funding responsibilities for TB drug and diagnostic procurement.

Volume of Resources Expected

The volume of financial resources expected from this SI is considered ***moderate***. The costs of human resources for TB diagnosis and clinical care, the facility-based costs for TB screening, and TB public health activity budgets represent a notable share of the NSP cost requirement, yet these costs are significantly lower than those covered in SI 1.

SI 3. RING-FENCE DOMESTIC FINANCING FOR DISEASE PROGRAMS INCLUDING TB VIA EARMARKS AND CO-FINANCING MECHANISMS

During the GOK financial year, there are chronic delays in the transfer of funds from the National Treasury to county treasuries, and county treasuries direct limited funds towards salaries and capital projects at the expense of county TB activity budgets. SI 3 in the TB Financing Roadmap calls for co-financed SPAs to be established for disease programs slated for eventual donor transition, including TB. SPAs can be designed to receive co-financing from the GOK contingent on the county treasury releasing a given volume of disbursements to the SPA, which can motivate county treasuries to disburse TB funds more promptly. GOK co-financing for the SPAs would come from a *strategic intervention* line item in the national budget under which funds are earmarked for specific spending purposes. Adding a strategic intervention line item to the national budget does not require a legislative act or regulation; rather, it simply requires approval from the GOK Cabinet.

During the current NSP implementation period (through FY2027/28), the co-financed SPAs will cover TB costs associated with: TB public health activities; supportive supervision, monitoring and evaluation (M&E), and review meetings; and trainings and mentorship. As discussed in SI 2, funding responsibility for TB drug and diagnostics procurement costs could shift to either the SHA funds or co-financed SPAs during the next NSP implementation period.

Table 5. Change Agenda : SI 3

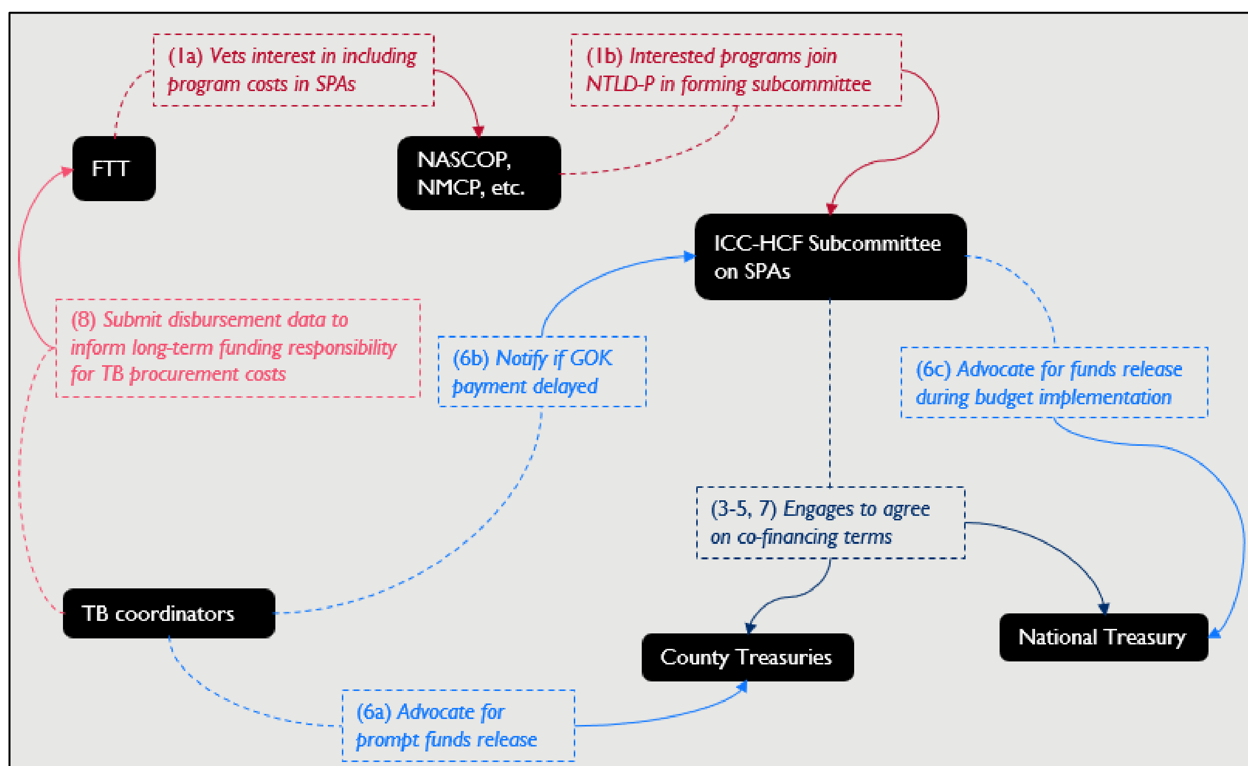
Baseline (FY2023/24)	Target (FY2027/28)
During budget implementation at the county level, funds for TB activities are chronically delayed or never disbursed due to weak prioritization from county treasuries.	*Co-financed SPAs are established in five to 10 counties, where county government funds for TB activities are disbursed more consistently and promptly.*
Based on the TB Financing Roadmap's Investment Plan, it is unclear whether the SHA funds vs. the SPAs will cover TB drug and diagnostic procurement costs by FY2032/33.	*Decision made as to whether funding responsibility for TB drug & diagnostics procurement will shift to SHA funds vs. co-financed SPAs.*

PROCESS SUMMARY AND KEY RELATIONSHIPS

The SI 3 process summary is provided below.

1. The FTT will (a) consult the National Malaria Control Programme (NMCP), National AIDS & STI Control Programme (NASCOP), and other disease programs facing eventual, gradual donor transition, for their interest in including program costs in the co-financed SPAs. NTLD-P and the interested programs will then (b) establish a subcommittee within the Inter-agency Coordinating Committee on Healthcare Financing (ICC-HCF) to steer the agenda for SPAs.
2. The subcommittee will identify three to five county governments likely to be more favorable to piloting the SPAs, such as wealthier counties with high disease burden and prospects for expanding fiscal space for health.
3. The subcommittee will formulate a menu of different co-financing options and vet these options with the National Treasury and county treasuries in pilot counties.
4. Based on the outcomes of these consultations, the subcommittee will coordinate the development of memoranda of understanding (MOUs) between the National Treasury and the pilot county treasuries laying out the co-financing terms of each SPA.
5. The subcommittee will coordinate with National Treasury and the pilot county treasuries to establish a strategic intervention line item for TB and other priority disease programs at the national level, and SPAs at the county level. The specific steps required to establish the co-financed SPAs are fairly simple and are captured in Box 1.
6. During budget implementation, the disbursement process from county treasuries to the SPAs would follow the same steps as those for transfers from county treasuries to county departments of health (CDOH) operational accounts. If disbursement delays from SPAs continue despite the GOK's co-financing incentive payment, TB coordinators will (a) advocate to county treasuries to ensure the prompt flow of funds. In cases where the GOK co-financing payment is delayed, TB coordinators will (b) notify the subcommittee, who will, in turn, (c) advocate to the National Treasury for the prompt release of funds.
7. The subcommittee will coordinate with several additional counties with sufficient fiscal space and political buy-in (whether real or assumed) to scale the co-financed SPAs to these counties.
8. Using the TB Resource Tracking Tool, TB coordinators will track disbursements to the co-financed SPA for TB activities. TB coordinators will submit tool outputs annually to NTLD-P to inform the eventual decision to be made about long-term funding responsibility for TB drug and diagnostic procurement costs.

Figure 3. Key Relationships: SI 3



Numbers included in the figure's dotted boxes refer to the steps above the figure. FTT = Financing Task Team | GOK = Government of Kenya | ICC-HCF = Inter-agency Coordinating Committee on Healthcare Financing | NASCOP = National AIDS & STI Control Programme | NMCP = National Malaria Control Programme | NTLD-P = National Tuberculosis, Leprosy and Lung Disease Program | SPAs = special purpose accounts.

Box 1. Steps to Establish a Co-financed Special Purpose Account (SPA)

No legislative act or regulation is required to establish a SPA. Further, there are no additional auditing requirements associated with establishing a SPA; auditors from National Treasury audit SPAs as part of their regular visits to counties. Therefore, establishing and operating a SPA is fairly simple, and requires the following sub-steps:

1. *In each of the pilot counties, the County Executive Committee (CEC)'s Member for Health issues a letter to the CEC Member for Finance requesting the opening of a SPA.*
2. *Once the CEC Member for Finance approves the request letter, they issue a similar request letter to the Central Bank of Kenya (CBK), with the MOU co-signed by the National Treasury and the pilot county treasury attached.*
3. *County treasury adds a code for the SPA into the county's Integrated Financial Management Information System to enable the flow of funds from the county's Consolidated Revenue Fund (as well as from National Treasury) to the SPA during budget implementation.*
4. *CDOH and county treasury draft a financial reporting template for the SPA – one for the County Treasury and one for the National Treasury.*

IMPLEMENTATION OUTLOOK

Table 6 summarizes the prospects for reaching the target outcomes described in Table 5.

Table 6. Implementation Outlook: SI 3

Indicator	Score
Operational Feasibility	*High*
Political Feasibility	*Moderate*
Likelihood of Attaining SI Target by FY2027/28	*Moderate to High*
Output: Volume of Resources Expected	*Moderate*

Operational Feasibility

The operational feasibility of implementing this SI is assessed as ***high***. Key informants do not foresee significant technical challenges in establishing the co-financed SPAs, and feel that the process as laid out in Box 1 is quite simple. Given that other county-level disease programs face the same challenges as TB during budget implementation, it is expected that NASCOP, NMCP, and other national disease programs will be interested in including some of their program costs in the SPAs. If the SPAs subcommittee cannot be established in the ICC-HCF, then this SI can be led by the FTT.

Political Feasibility

Political feasibility is considered ***moderate***. Enablers include (a) political backing for ring-fencing county-level funds for health in strategic documents, (b) positive recent co-financing experiences in the health sector, and (c) supportive viewpoints from key informants. Both the Kenya Health Financing Strategy and Kenya's Health Sector Transition Roadmap calls for funding for priority health programs to be earmarked at the county level, and the latter specifically calls out TB as one of these programs. SPAs co-financed by the Danish International Development Agency (DANIDA) have been successful in mobilizing increased county government funds supporting health facility costs. SI 3 was met with excitement and optimism by Ministry of Health (MOH) representatives and members of the National Health Sector Working Group, who are keen to see county governments increase contributions to their health sectors. The TB coordinators and county treasury perspective on SPAs is that they should be approved by county treasury leadership as long as they include the co-financing incentive from GOK. Finally, the NTLD-P believes that National Treasury and county treasury leadership need to be convinced that TB should not remain a predominantly donor-funded program for these two actors to buy-in to the co-financed SPA proposal.

Despite these enabling factors, due to the belief among decision-makers that TB should remain a predominantly donor-funded program, a significant amount of effort will still be required to secure political buy-in. This will be especially true for CEC members for health and for finance, CBK, and National Treasury. It is for this reason that during PBCB trainings (see SI 1), NTLD-P will underscore that it will remain critical for TB coordinators to seek additional funding from county-level discretionary budgets. This is despite the fact that SPAs will be designed to eventually take over funding responsibility for certain TB cost categories from county government discretionary budgets. This is because, in counties with lower fiscal space and higher political resistance among decision-makers, it could take a

long time to establish the co-financed SPAs. In some counties, political resistance could prevent the SPAs from ever materializing.

Likelihood of Attaining SI Target by FY2027/28

With high and moderate scores on operational feasibility and political feasibility, respectively, the likelihood that co-financed SPAs will be established in five to 10 counties — and operate as desired — is assumed to be ***moderate to high***.

Volume of Resources Expected

Between FY2023/24 and FY2027/28, the co-financed SPAs covered in SI 3 will be designed to assume funding responsibility for: TB public health activities; supportive supervision, (M&E), and review meetings; and trainings and mentorship. These entail important costs, yet are not nearly as costly as procurement and human resources costs, which will be covered by donors and discretionary budgets during the current NSP implementation period. As such, it is expected that the volume of resources mobilized under SI 3 will be ***moderate***.

SI 4. SUPPLEMENT GOVERNMENT FUNDING FOR TB WITH PRIVATE SECTOR CONTRIBUTIONS

The MOH and NTLD-P developed a TB Public-Private Mix (PPM) Action Plan 2021-2023.[8] This focuses primarily on ways to involve private clinical providers, but also introduces workplace models in which private companies provide TB services on-site for their employees. To date, such workplaces models have been led by Centre for Health Solutions (CHS) Kenya, under funding from the USAID Tuberculosis Accelerated Response and Care II program, in collaboration with CDOHs in eight counties. There is no evidence that private companies have been funding these services, which is a missed opportunity for TB domestic resource mobilization. The NTLD-P's PPM Unit will coordinate with CHS and suitable private companies to scale company-financed TB service delivery at eight to 10 workplaces.

Table 7. Change Agenda : SI 4

Baseline (FY2023/24)	Target (FY2027/28)
TB services delivered at workplaces are funded by donors, with no evidence of companies funding these activities from their own resources.	*Eight to 10 private companies are funding TB services from their own profits.*

PROCESS SUMMARY AND KEY RELATIONSHIPS

Listed below is the SI 4 process summary.

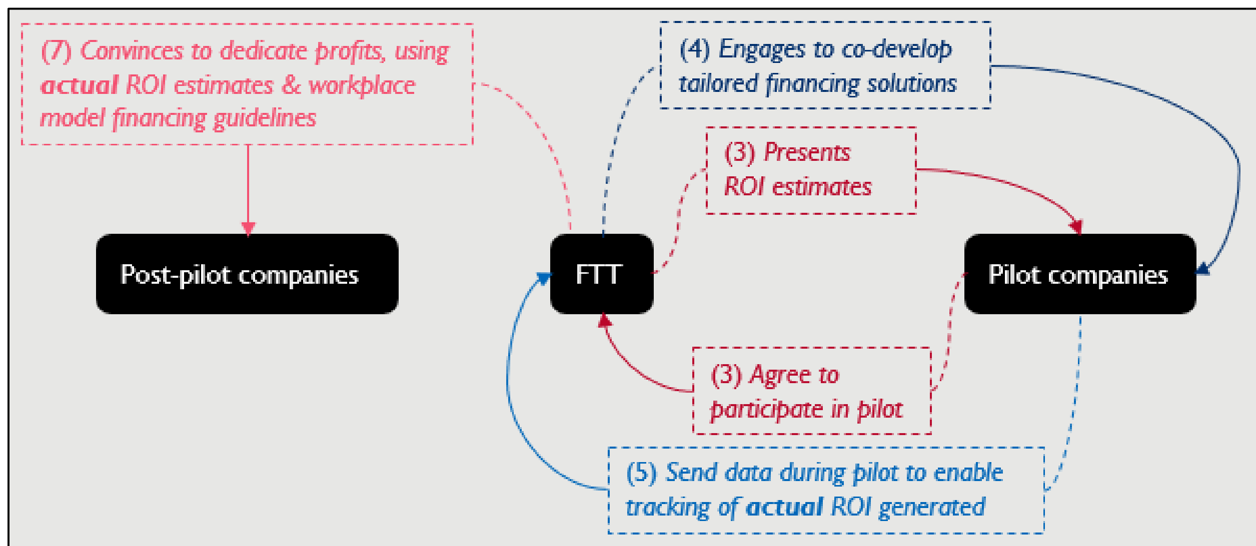
1. The FTT will identify the companies where CHS has already screened workers for TB. The FTT will profile these companies in terms of their supposed or actual profit margins and interest in

[8] National Tuberculosis, Leprosy, and Lung Disease Program (NTLD-P). 2021. *Public-Private Mix Action Plan 2021-2023.* https://chskenya.org/wp-content/uploads/2022/04/TB-PPM-Action-Plan-2021-2023.pdf

providing TB services to their employees. The more interested companies with higher profit margins will be selected for the workplace model financing pilot.

2. The FTT will model the expected return-on-investment (ROI) from dedicating company profits to TB service provision.
3. The FTT will present ROI estimates to the three to five companies to convince them to participate in the pilot.
4. Once the companies agree to participate, the FTT and the companies will co-develop tailored financing solutions that would articulate which TB services each company would provide to its employees.
5. During and following the pilot, the FTT will source data from the pilot companies to track the actual ROI generated.
6. Following the pilot, the FTT will draft workplace model financing guidelines stipulating the recommended range of services to be financed and expected price points.
7. Equipped with actual ROI estimates and the workplace model financing guidelines, the FTT will convince five more companies to dedicate profits to TB service provision by FY2027/28.

Figure 4. Key Relationships: SI 4



Numbers included in the figure's dotted boxes refer to the steps above the figure. FTT = Financing Task Team | ROI = return-on-investment

IMPLEMENTATION OUTLOOK

Table 8 summarizes the prospects for reaching the target outcome described in Table 7.

Table 8. Implementation Outlook: SI 4

Indicator	Score
Operational Feasibility	*High*
Political Feasibility	*High*
Likelihood of Attaining SI Target by FY2027/28	*High*
Output: Volume of Resources Expected	*Low*

Operational Feasibility

Unlike some of the other SIs in the Roadmap, the pilot and scale-up stages of this SI do not require the GOK or county governments to develop a policy or regulation. Some coordination is required (e.g., on the supply of publicly funded commodities), but it should not be challenging for the FTT and private companies to arrive at mutually agreeable financing arrangements as the range of services to finance are limited and not very costly. For these reasons, the operational feasibility of implementing this SI is considered ***high***.

Political Feasibility

The political feasibility of implementing this SI is assessed as ***high*** as well. It is assumed that the FTT will be able to make a compelling case, in terms of savings from worker retention, productivity gains, and other outcome metrics. Therefore, securing buy-in from companies with sufficient profits to invest in TB service provision should not pose a significant challenge.

Likelihood of Attaining SI Target by FY2027/28

Because operational and political feasibility are scored as high, the likelihood of eight to 10 companies investing their profits in TB service provision by FY2027/28 is also expected to be ***high***.

Volume of Resources Expected

The volume of resources mobilized will be ***low*** relative to the other SIs, because by FY2027/28, a fairly small number of companies would be covering a limited population.

SI 5. INCREASE EFFICIENCY OF GOVERNMENT TB EXPENDITURES THROUGH CONTRACTING OF SELECTED TB SERVICES TO PRIVATE ORGANIZATIONS

Under SI 5, NTLD-P plans to realize efficiency gains by initiating and scaling the contracting of select TB services to private sector organizations. In 2023, NTLD-P conducted an assessment[9] to understand the prospects of piloting and scaling government-managed TB service contracting in Kenya. Overall, the results were favorable, although there is some capacity building needed among both purchasers and contractors, and there have been challenges with the timeliness and sufficiency of contract payments.

[9] National Tuberculosis, Leprosy, and Lung Disease Program (NTLD-P). 2024. *Prospects for Scaling Government-managed TB Service Contracting in Kenya: Assessment Report.* Nairobi.

Table 9. Change Agenda: SI 5

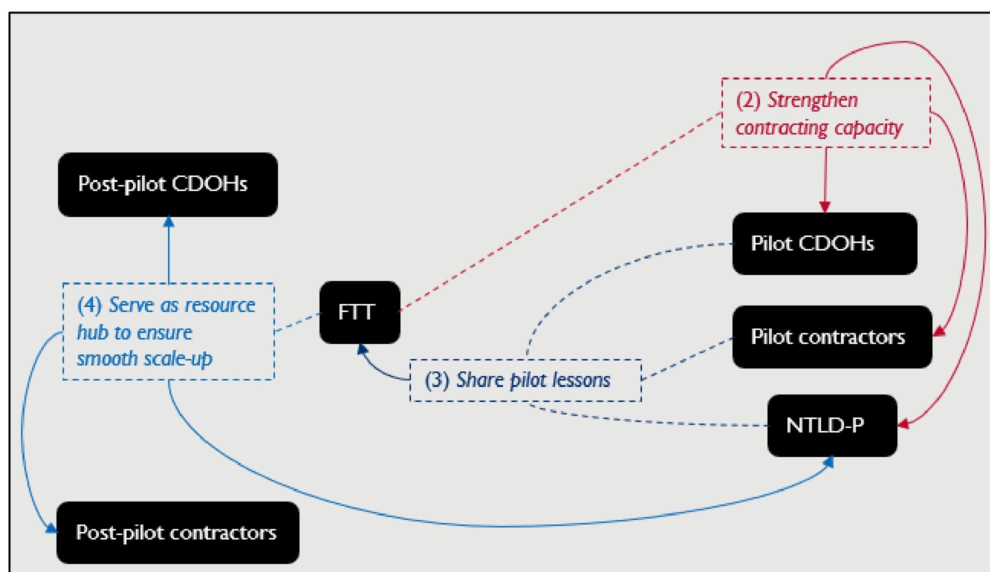
Baseline (FY2023/24)	Target (FY2027/28)
There is no evidence of government-managed TB service contracting happening in Kenya.	*Five to 10 government-managed TB service contracts at national and county levels have been implemented by private sector organizations.*

PROCESS SUMMARY AND KEY RELATIONSHIPS

The SI 5 process summary is provided below.

1. The FTT will develop a costed action plan (CAP) for scaling government-managed TB service contracting. The CAP will provide for the development of policy brief and advocacy materials designed to allay potential future concerns that may arise among decision-makers as they become more aware of the implications of contracting.
2. The FTT will develop and implement a TB contracting capacity building plan targeting NTLD-P and CDOHs as purchasers and for-profit and not-for-profit organizations as contractors.
3. Once the above-mentioned purchasers' and contractors' capacities are strengthened, the FTT will support NTLD-P and a selected CDOH to pilot contracting of a TB service at both the national and county level. This will include a contract payment turnaround time (TAT) analysis that examines invoicing and payment processes, diagnoses causes for delays, and offers guidance on improved payment processes to be incorporated into a revised capacity building plan.
4. Based on lessons from the contracting pilots and the TAT analysis, the FTT will coordinate with the NTLD-P and CDOHs to ensure the successful implementation of five to 10 additional government-managed TB service contracts.

Figure 5. Key Relationships: SI 5



Numbers included in the figure's dotted boxes refer to the steps above the figure. FTT = Financing Task Team | NTLD-P = National Tuberculosis, Leprosy and Lung Disease Program

IMPLEMENTATION OUTLOOK

Table 10 summarizes the prospects for reaching the target outcome described in Table 9.

Table 10. Implementation Outlook: SI 5

Indicator	Score
Operational Feasibility	*High*
Political Feasibility	*Moderate*
Likelihood of Attaining SI Target by FY2027/28	*Moderate to High*
Output: Level of Expected Efficiency Gains	*Low*

Operational Feasibility

A relevant act, regulations, and standard tender document all exist and contain language that is open to health services contracting. Experiences with government-managed health service contracts have been generally positive, and donor-managed contract implementers are interested in pivoting to implement these contracts. While there is room to improve contracting capacity among purchasers and implementers, strengthening these skills is not expected to pose significant barriers to achieving the reasonable FY2027/28 target for this SI. The operational feasibility of implementing SI 5 is therefore considered ***high***, relative to the other SIs in the Roadmap.

Political Feasibility

The TB service contracting assessment did not uncover any notable sources of potential political resistance to piloting and scaling government-run TB service contracting. Instead, a number of stakeholders were cited as likely being supportive of this type of contracting. However, based on experiences in other low- and middle-income countries, concerns are likely to arise as stakeholders become more aware of the implications of government-managed service contracting. Therefore, the political feasibility of implementing this SI is considered ***moderate***.

Likelihood of Attaining SI Target by FY2027/28

With high scores on operational feasibility and a moderate score on political feasibility, the likelihood that five to 10 government-managed TB service contracts will be implemented by private sector organizations is considered ***moderate to high***.

Level of Expected Efficiency Gains

For a specific service that is contracted, the efficiency gains from using output-based contracting (rather than other implementation modalities) may be significant. However, given the relatively small scale of government-managed TB service contracting that would be achieved during the current NSP implementation period, the overall level of efficiency gains within the TB program as a whole is expected to be ***low***.

GOVERNANCE ARRANGEMENTS

This section examines the likelihood of the Roadmap's governance structure (the FTT) effectively fulfilling its responsibilities throughout the implementation of the Roadmap.

Table 11. Change Agenda: Governance Arrangements

Baseline (FY2023/24)	Target (FY2027/28)
The NSP outlines resource mobilization as one of the key responsibilities of its Implementation Taskforce, but without a clear governance structure for carrying out this responsibility.	*The FTT is effectively overseeing implementation of the TB Financing Roadmap's strategic initiatives and has secured sustained political legitimacy for the Roadmap as a whole.*

PROCESS SUMMARY AND KEY RELATIONSHIPS

The process summary for the Roadmap's governance arrangements is provided below.

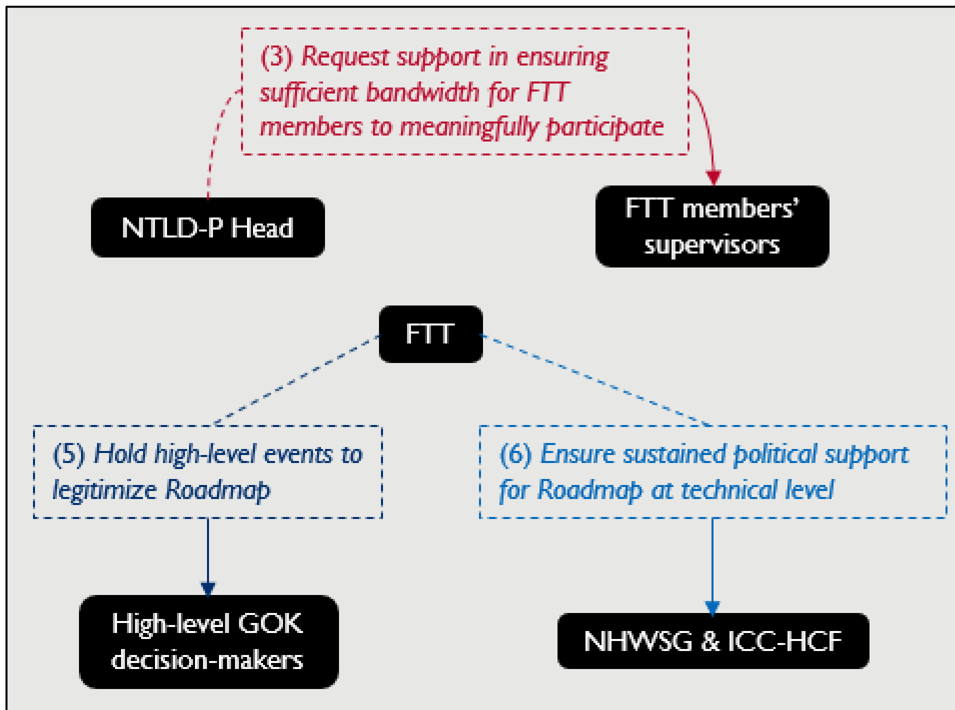
1. To ensure strong government leadership of the FTT, the NTLD-P Head will establish and chair the FTT. The NTLD-P Head will delegate responsibility for the FTT's day-to-day functioning to NTLD-P's Monitoring, Evaluation, & Research (MER) Unit. The MER Unit was responsible for developing the TB Financing Roadmap and its stewardship role on the FTT will contribute to a smooth launch of the Roadmap.
2. The MER Unit will then draft a terms of reference for the FTT, outlining the profiles of its members. The FTT's membership will span the technical areas covered in the Roadmap and therefore include an NTLD-P Advocacy Officer, NTLD-P's PPM Unit (to support SI 4), MOH Public-Private Partnerships Unit (to support SI 5), MOH health financing experts, an SHA representative, CSOs, and technical partners specializing in health (and TB) financing and contracting. Each FTT member will be responsible for overseeing implementation of one or more *Actions* in the Roadmap, and will be held accountable for this support by reporting on progress during each FTT meeting.
3. The NTLD-P Head in their capacity as FTT chair will contact the supervisors of prospective FTT members to underscore the importance of the FTT and the Roadmap, and of the need for members to have sufficient time in their schedules to both participate in meetings and carry out FTT business in between meetings.
4. While the MER Unit has a fair level of TB financing expertise — demonstrated by its leadership in drafting the Roadmap itself — additional conceptual knowledge of public financial management, health insurance, service contracting, and other areas covered in the Roadmap will be required as the unit pivots to implementation. As such, the MER Unit will receive continuous capacity strengthening in these areas. NTLD-P will also consider recruiting one or more dedicated Resource Mobilization/Health Financing staff to take over the FTT stewardship responsibility from the MER Unit.
5. The FTT will capitalize on the momentum created by the 2023 National High Level Dialogue on Health Financing[10] by hosting a National High Level Dialogue on TB Financing in FY2023/24.

[10] Ministry of Health. 2024. National High Level Dialogue on Health Financing. Available: https://www.health.go.ke/national-high-level-dialogue-health-financing

Here, the FTT will unveil the TB Financing Roadmap to high level officials: including Permanent Secretaries of the MOH and National Treasury; Director General of Budget, Fiscal, & Economic Affairs, National Treasury; and Members of Parliament. The FTT will position domestic TB financing as a pathway for achieving broader national health financing objectives and advancing towards universal health coverage , and shift the perception that TB should remain a predominantly donor-funded program. At later such events, each member of the FTT will present brief progress updates.

6. The FTT will distribute members across key working groups, including the National Health Sector Working Group and ICC-HCF, so they are aware of emergent political and operational obstacles to TB Financing Roadmap implementation and can take mitigating measures.

Figure 6. Key Relationships: Governance Arrangements



Numbers included in the figure's dotted boxes refer to the steps above the figure. FTT = Financing Task Team | GOK = Government of Kenya | ICC-HCF = Inter-agency Coordinating Committee on Healthcare Financing | NTLD-P = National Tuberculosis, Leprosy and Lung Disease Program | NHSWG = National Health Sector Working Group

IMPLEMENTATION OUTLOOK

Table 12 summarizes the prospects for reaching the target outcome described in Table 11.

Table 12. Implementation Outlook: Implementation Outlook

Indicator	Score
Operational Feasibility	*High*
Political Feasibility	*Moderate*
Likelihood of Attaining Target by FY2027/28	*Moderate to High*

Operational Feasibility

Operational feasibility receives a ***high*** score. The FTT leadership structure — with the NTLD-P Head as chair and the MER Unit in a stewardship capacity — is sound, because the MER Unit is well-staffed and seasoned on the TB Financing Roadmap's contents as the document's original authors. There is a healthy range of measures in place to ensure that FTT members (i) have the bandwidth to meaningfully support Roadmap *Actions* and (ii) are held accountable to these actions. Finally, there is a solid plan to strengthen and sustain the MER Unit's capacity in TB and health financing.

Political Feasibility

The FTT's high-level events and plans to embed FTT members in other working groups will secure at least some degree of political legitimacy for the Roadmap as a whole. However, this marks the first time NTLD-P (via the FTT) is meaningfully working to position TB as both a program that should not be predominantly funded by donors, as well as a pathway for integrated health financing solutions. Opposing views among key stakeholders may be ongoing, so the political feasibility of the Roadmap's governance arrangements is expected to be ***moderate***.

Likelihood of Attaining SI Target by FY2027/28

Because operational and political feasibility are expected to be high and moderate, respectively, there is a ***moderate to high*** likelihood that the FTT will be effectively overseeing implementation of the Roadmap's strategic initiatives and has ensured sustained political legitimacy for the TB Financing Roadmap as a whole by FY2027/28.

CONCLUSION

The target outcomes described in previous sections are manageable and have a moderate to high likelihood of being achieved by the end of the current NSP period. Based on these reflections, there is a positive overall outlook for implementation of the TB Financing Roadmap.

NATIONAL TUBERCULOSIS, LEPROSY AND LUNG DISEASE PROGRAM

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