



Engaging the Private Sector in TB Control

The Critical Role of the Private Sector in Combating Tuberculosis (TB) in Kenya

21 November 2024



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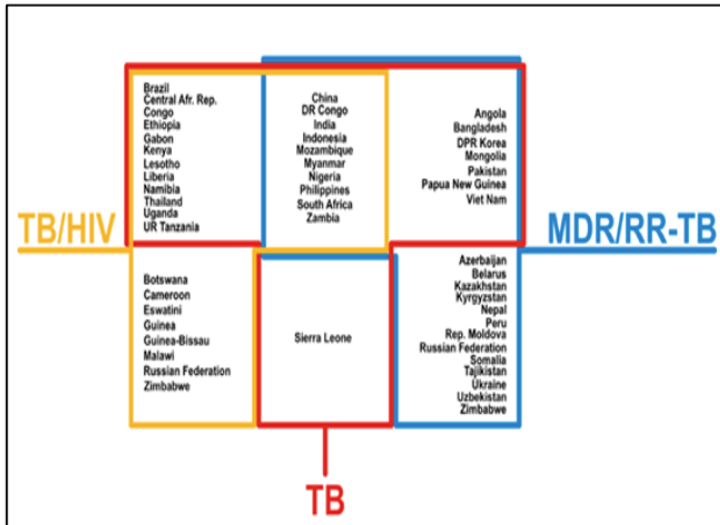


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Introduction

CONTEXT –KENYA TB BURDEN (WHO GLOBAL REPORT 2024)



TB INCIDENCE

124,000

FELL ILL WITH TB
(80 000 – 196 000)



57%
MEN

30%
WOMEN

13%
CHILDREN

94 653

People with TB
notified (new and
relapse)

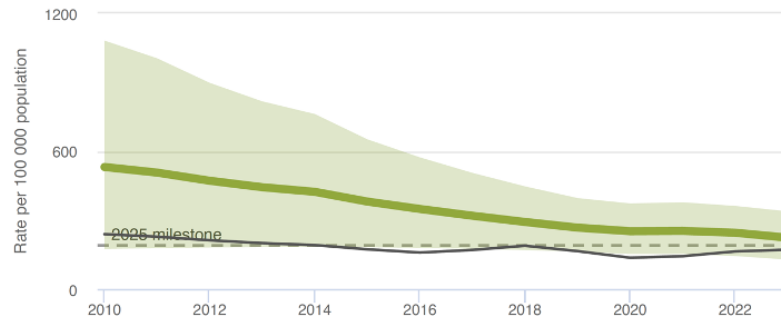


29 347

People not notified or
not diagnosed

TB treatment coverage, 77% (2023)

Estimated TB incidence rate
Kenya



Change in the TB incidence rate 2015–2023
Reduction of 41%

TB MORTALITY

23,500

(12,700 – 37 000)



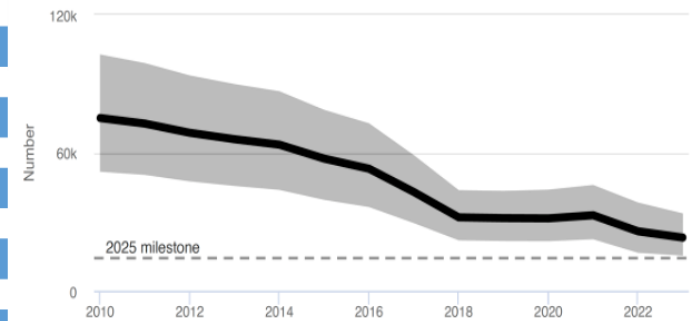
TB DEATHS

including

8 000

DEATHS AMONG
People with HIV

Estimated number of deaths caused by TB
Kenya



Change in the total number of TB
deaths 2015–2023
Reduction of 60%

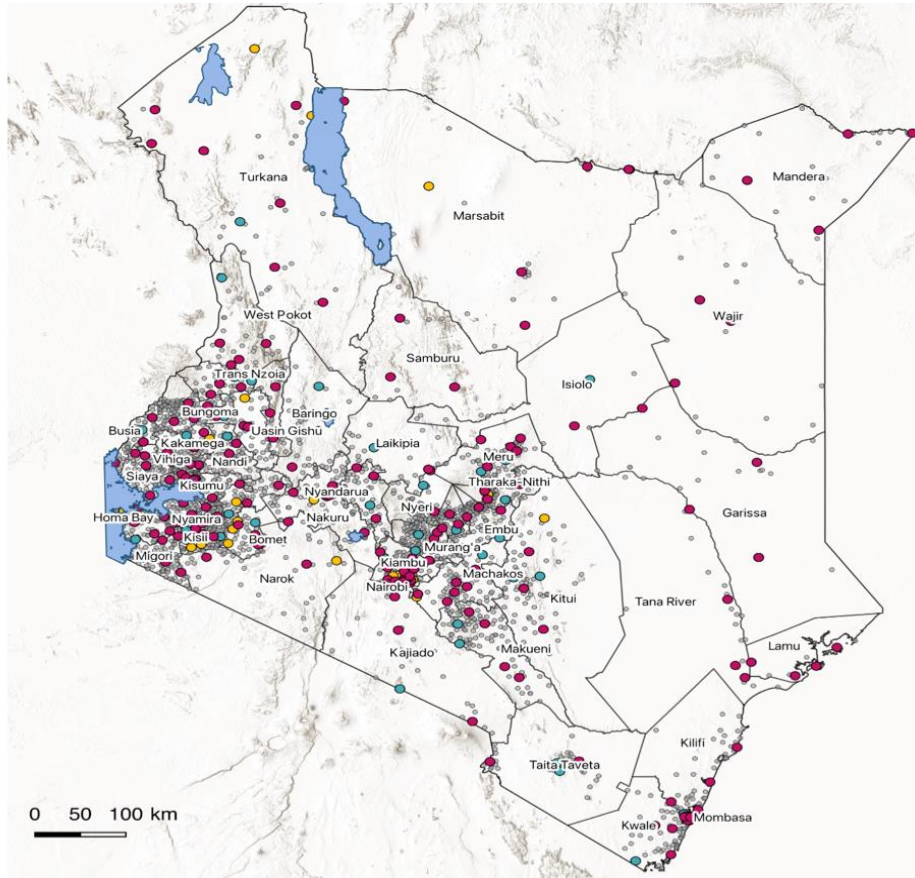


MINISTRY OF HEALTH

Current TB Landscape in Kenya

COUNTRY BACKGROUND/CONTEXT

Counties 47, Sub-counties 256 with 300 TB control zones



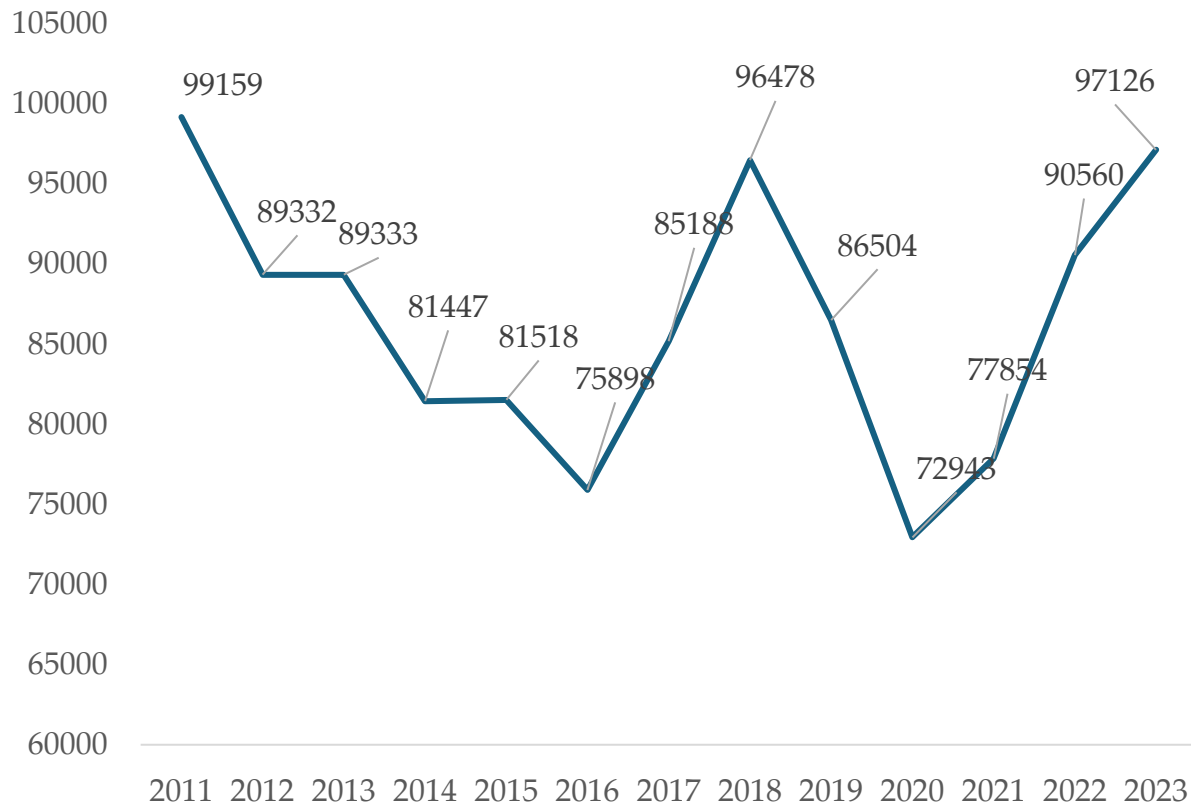
Population 53 million

	Total
Total no. of health facilities	14,408
Number of TB treatment sites	5,646
Number of microscopy diagnostic sites	2,764
Gene-xpert/TruNat sites	277
TB LAMP	26
Portable digital X-ray	8
molecular labs (LPA/LPA flurotype)	5
Central culture and DST	2
IGRA sites	2

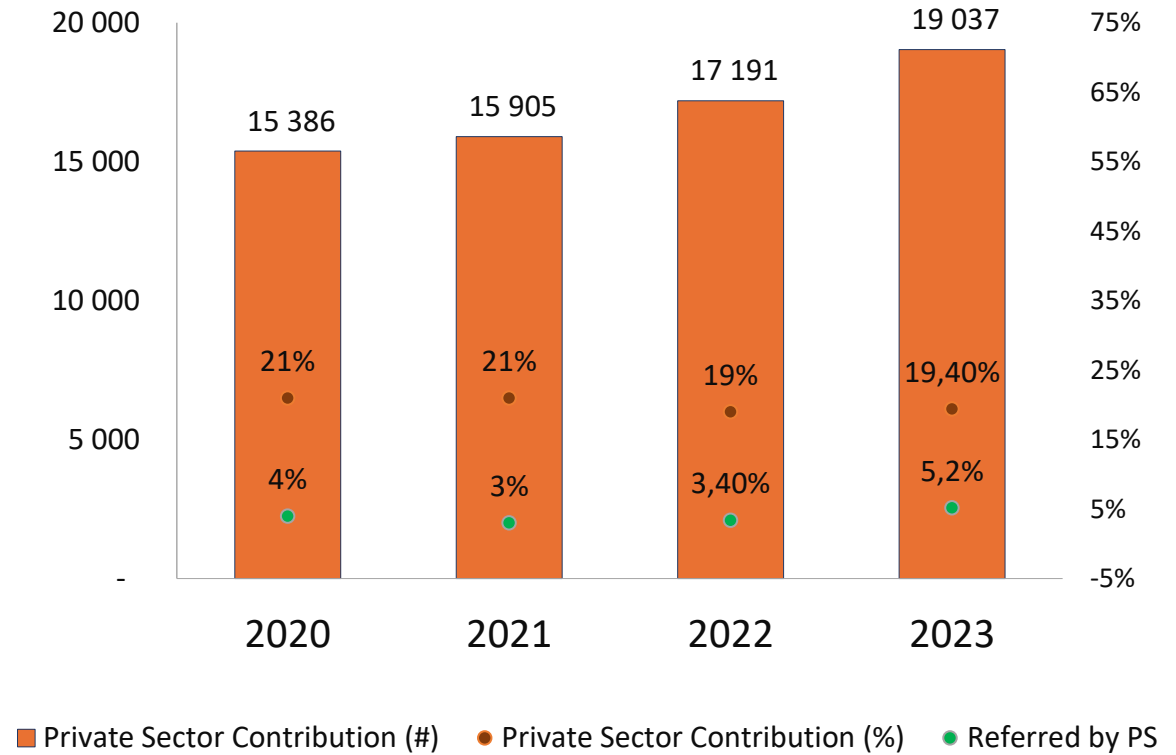


Trends in DSTB Case Finding - Kenya

Trends in DSTB Case Finding – 2022-2023



Trends in DSTB Case Finding- contribution by Private Sector – 2020 - 2023

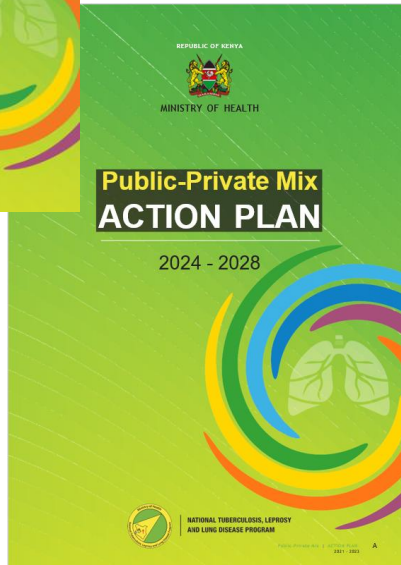
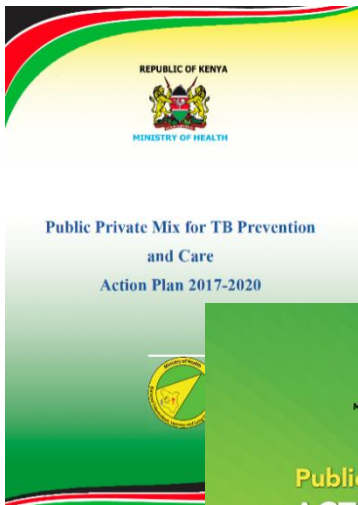




Milestones in PPM target implementation, 2023

No.	Indicator	Target for 2023	Achievement 2023
Provider Coverage			
1	Proportion of private sector providers engaged to provide comprehensive TB services	30%	27%
2	Proportion of engaged private sector providers recording and reporting TB cases through an e-system	100%	29%
Service Coverage			
3	Bacteriologically confirmed	70%	44%
4	Initial access to WRD	100%	49.50%
Surveillance			
5	Contribution of the private sector in TB case finding (Notified)	25%	19.40%
6	Proportion of cases referred from private sector	3.50%	5.20%
Outcome			
7	Ensure treatment success of at least 90% of all DSTB patients managed by private providers	at least 90%	88%
8	Ensure treatment success of at least 80% of DR TB patients managed by private providers	at least 80%	82.3% (2021)
9	Reduce deaths among HIV-infected TB patients managed by private providers at 5% or lower	5% or lower	9.70%

Rationale for PPM in Kenya



48%

Health sector in Kenya are private health facilities

42%

Patients with TB symptoms accessing the private sector as initial point of care in Kenya. (Patient pathway analysis).



21%

Prevalent TB cases had sought care in private clinics and pharmacies (Prevalence survey report 2017)



7%

Private health facilities could adequately diagnose TB (PPA)



Patient Pathway Analysis

Kenya TB Patient Pathway

Number of Facilities

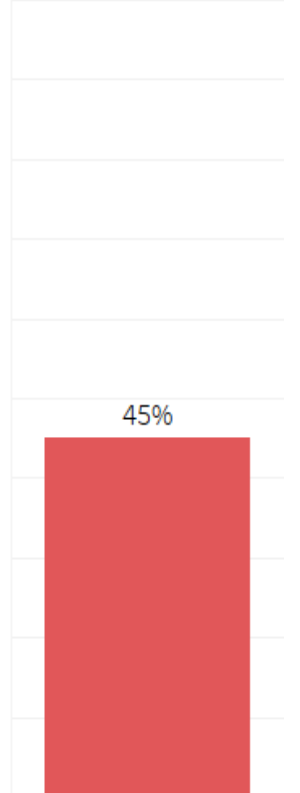
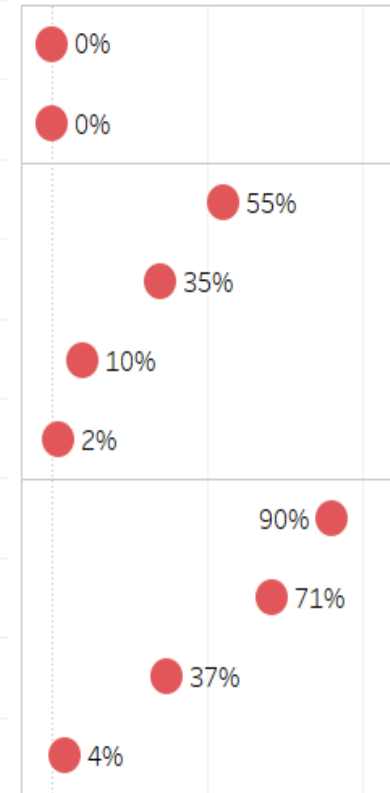
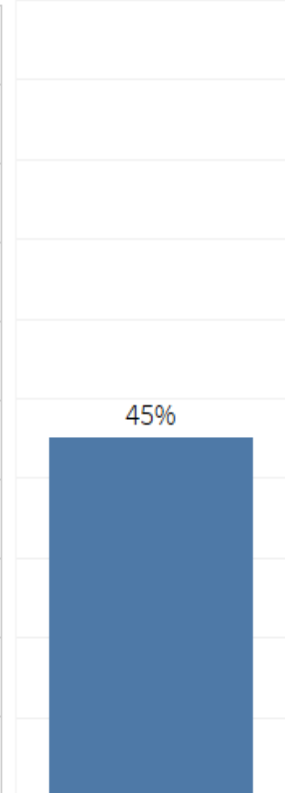
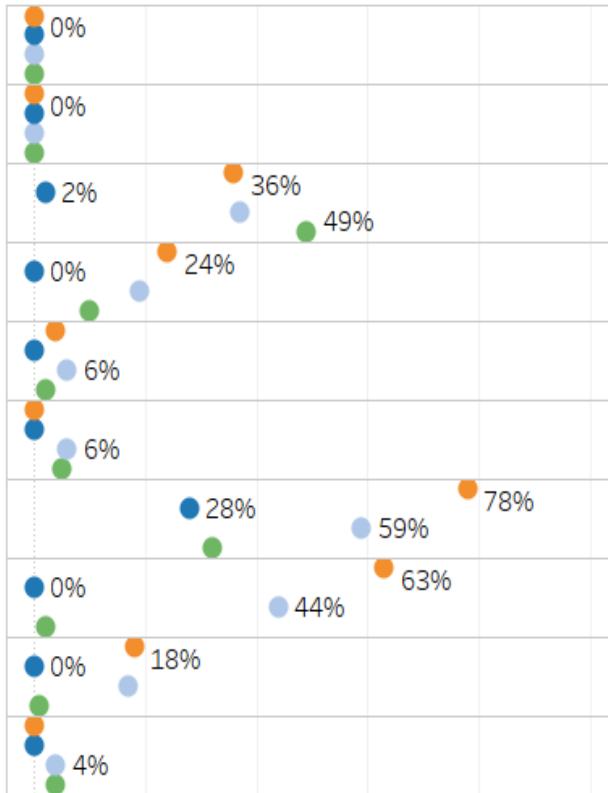
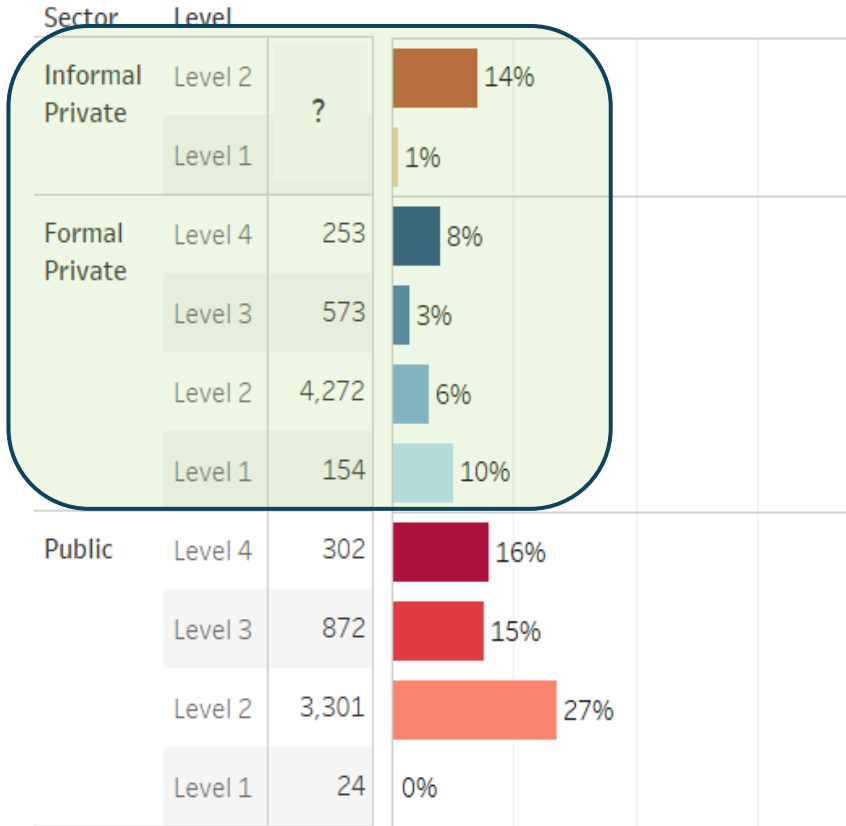
1. Place of Initial Careseeking by People with Possible TB

2. Diagnosis Availability at Initial Careseeking

3. Access to Diagnosis at Initial Careseeking

4. Treatment Availability at Initial Careseeking

5. Access to Treatment at Initial Careseeking



Facility Data Source: 2016 Kenya Facility Master List (Kenya)

1. Careseeking Data Source: 2013 HHEUS
Note that this excludes Garissa, Mandera, & Wajir Counties
N. careseekers sampled nationally: 5,521

2. Diagnosis Data Sources:
2016 NTP Lab Records (Microscopy)
2016 NTP Xpert Test Records (Xpert & Xpert Referral)
2013 SARAM (Xray)

- Microscopy
- Xpert
- Xpert Referral
- Xray

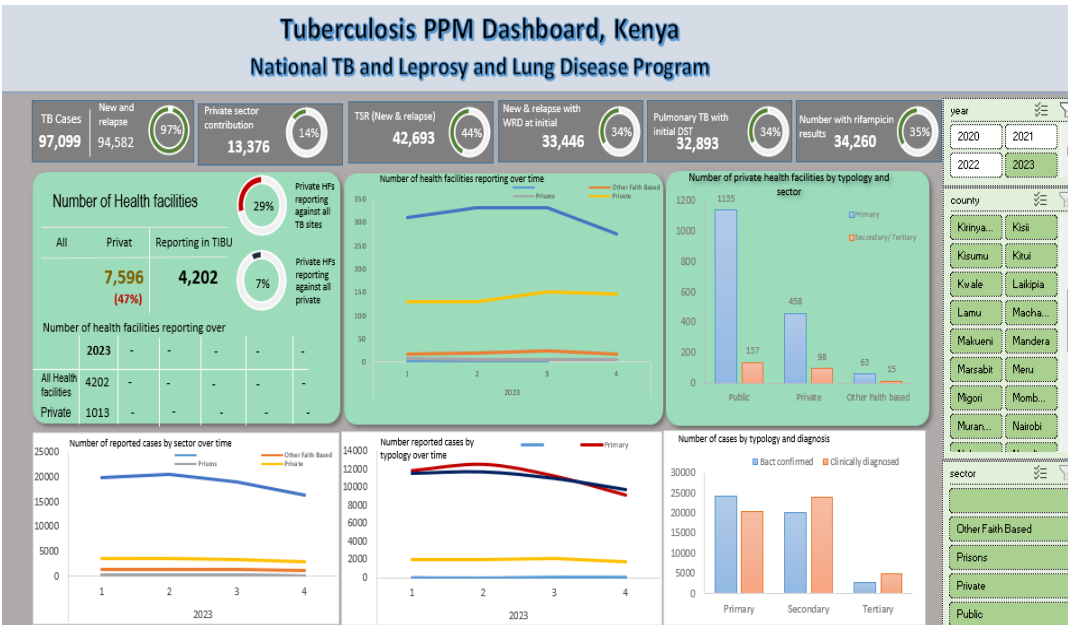
3 & 5. 27% of careseekers were matched to an exact facility with known diagnostic and treatment availability. The remaining access to diagnosis and treatment was estimated based on the level where the patient sought care.
4. Treatment Data Source: 2013 SARAM. Treatment Available indicates any TB drugs



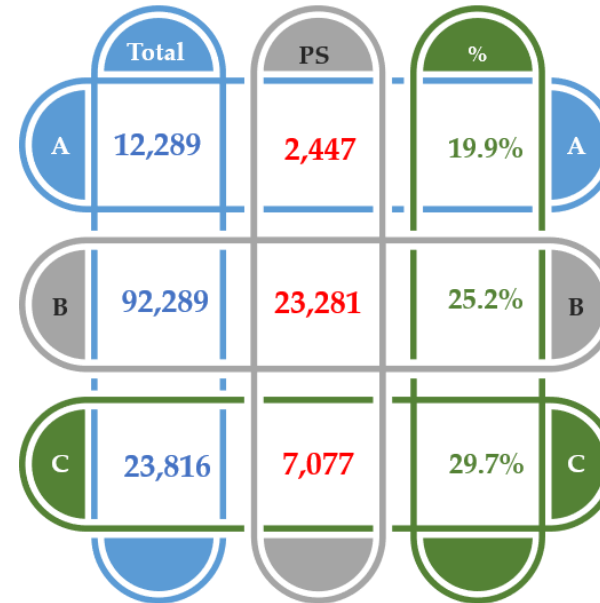
Case Studies

CASE STUDY 1: INNOVATIVE PPM MODELS – DIGITIZING PPM DATA

PPM Dashboard



t-bu lite roll out



App Installations

- The app is currently being used in;
- 3,304 facilities
 - Among which 954 are private facilities
 - Total users are 12,289 with 2,447 from the private sector

Screening Encounters

- The App has been used to document;
- 92,289 screening encounters
 - Among which 23,281 are from the private sector

Cases Notified

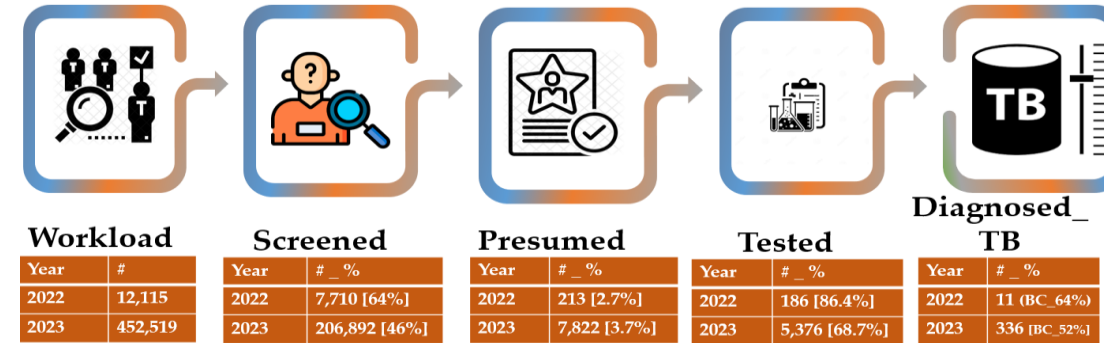
- The app has been used to manage;
- 23,816 cases
 - Among which 7,077 are from the the private sector

- **Digital Health Platforms:** Development of shared PPM Dashboard and t-bu lite for data entry/sharing between public health systems and private healthcare providers to track TB cases and treatment outcomes.
- **Workplace Health Programs:** Integration of TB screening and awareness programs among Private companies can integrate into their workplace wellness initiatives, benefiting employees and their families.
- **Community Health Volunteer Programs:** Collaborating with NGOs and private entities to train community health volunteers who can conduct TB awareness, screening, and support treatment adherence in local communities.

Case Studies

CASE STUDY 2: TARGETING TB IN THE WORKPLACE FOR MEN

- Fostered partnerships between county health management teams private companies, and communities
- Provided training for employers and OSH leads on TB
- Supported the development of workplace policy
- Conducted awareness to employees on signs, symptoms and the importance of early diagnosis
- Implemented regular TB screening programs using symptomatic screening and linkage to GeneXpert for diagnosis
- Workplaces took up support for TB treatment adherence by workplace champions, provision of incentives for completing treatment, and counseling services
- Supported implementation of infection control measures in workplaces to prevent the spread of TB
- Provided tools for screening, reporting and mechanisms for tracking TB cases, treatment and workplace compliance with TB control measures



Data disaggregation by sex revealed a **higher burden among men**, underscoring the importance of targeting this demographic in workplace TB interventions

Year	2022	2023
Male	8	219
Female	3	124

Case Studies

CASE STUDY 3: INCREASING DIAGNOSTIC ACCESS

- **Approach:** Linkage of private providers with diagnostic and testing sites through hub and spoke model focusing on diagnostic support to offering quicker, reliable diagnostics
 - Linkage of private facilities with digital X-rays hubs
 - Placement of GeneXpert and TrueNat machines in high volume facilities
- **Outcome:**
 - Increase in bacteriologically diagnosed patients in private facilities **(38% in 2022 to 44% in 2023)**
 - Improved diagnostic accuracy and reduced waiting times
 - Enhanced data integration with public health records, leading to seamless TB case follow-up
 - Improved treatment outcomes in private facilities **(86% in 2022 to 88% in 2023)**





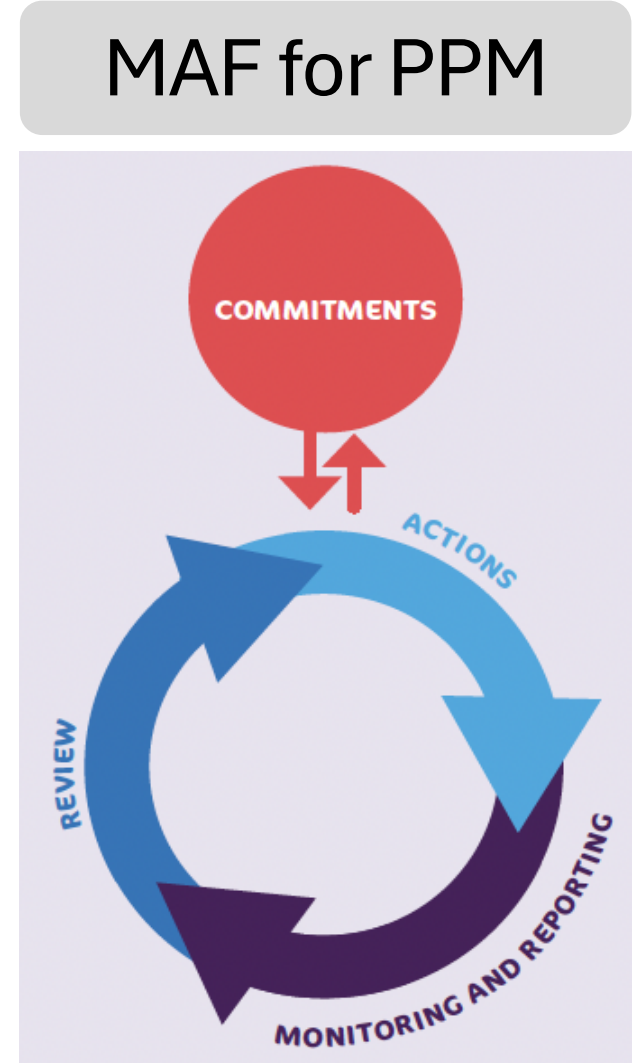
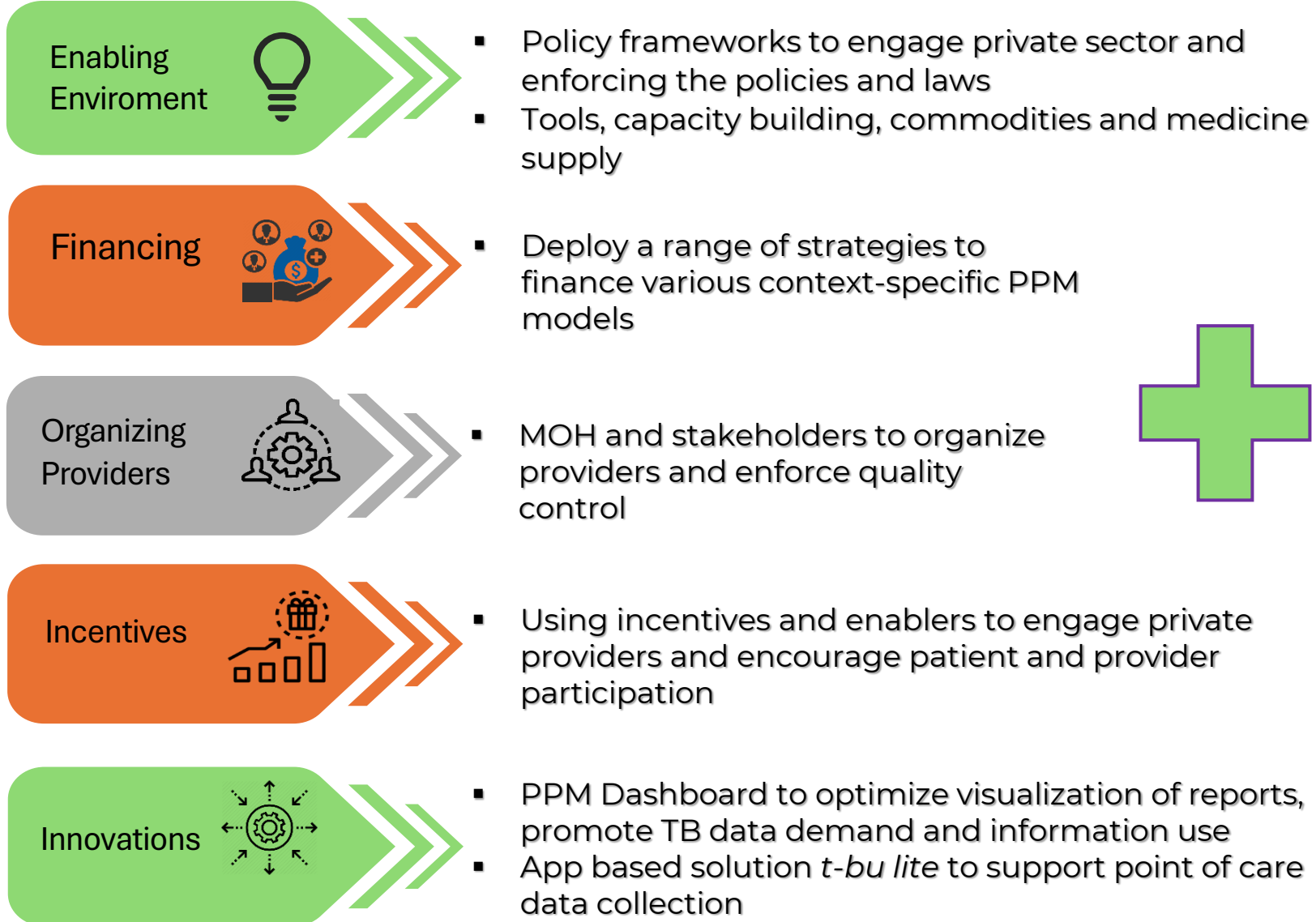
Case Studies

CASE STUDY 4: ACTIVE CASE FINDING CASCADE-PPM MODELS/STRATEGIC INNOVATIONS

Model/Intervention	# screened	# presumptive s	# of presumptives tested	% tested	# diagnosed with TB	# started on treatment	% started on Tx
Chemists/Pharmacies	26,594	4,922	2,434	49%	101 (NNS- 263)	96	95%
FBO facility	4,573,358	160,899	109,118	68%	9,487 (NNS- 482)	9,418	99%
Private facility	5,439,362	323,691	135,577	42%	15,707 (NNS- 346)	15,388	98%
Diagnostic	26,593	1,311	740	56%	67 (NNS- 396)	67	100%
Work Place	353,526	10,863	7,740	71%	598 (NNS- 593)	579	97%
Kenya Innovation Challenge(KIC TB)	723,915	79,077	61,363	78%	3,064 (NNS- 236)	2,818	92%
Grand Total	11,143,348	580,763	316,972	55%	29,024	28,366	98%


Strategies for collaborations

Sustainability Mechanism for PPM Activities




Strategies for collaborations

PPM Service Delivery Models Guiding Principles and Components




WHO Guidelines

- Adoption of recommended evidence-based interventions.
- Adoption of policies & frameworks



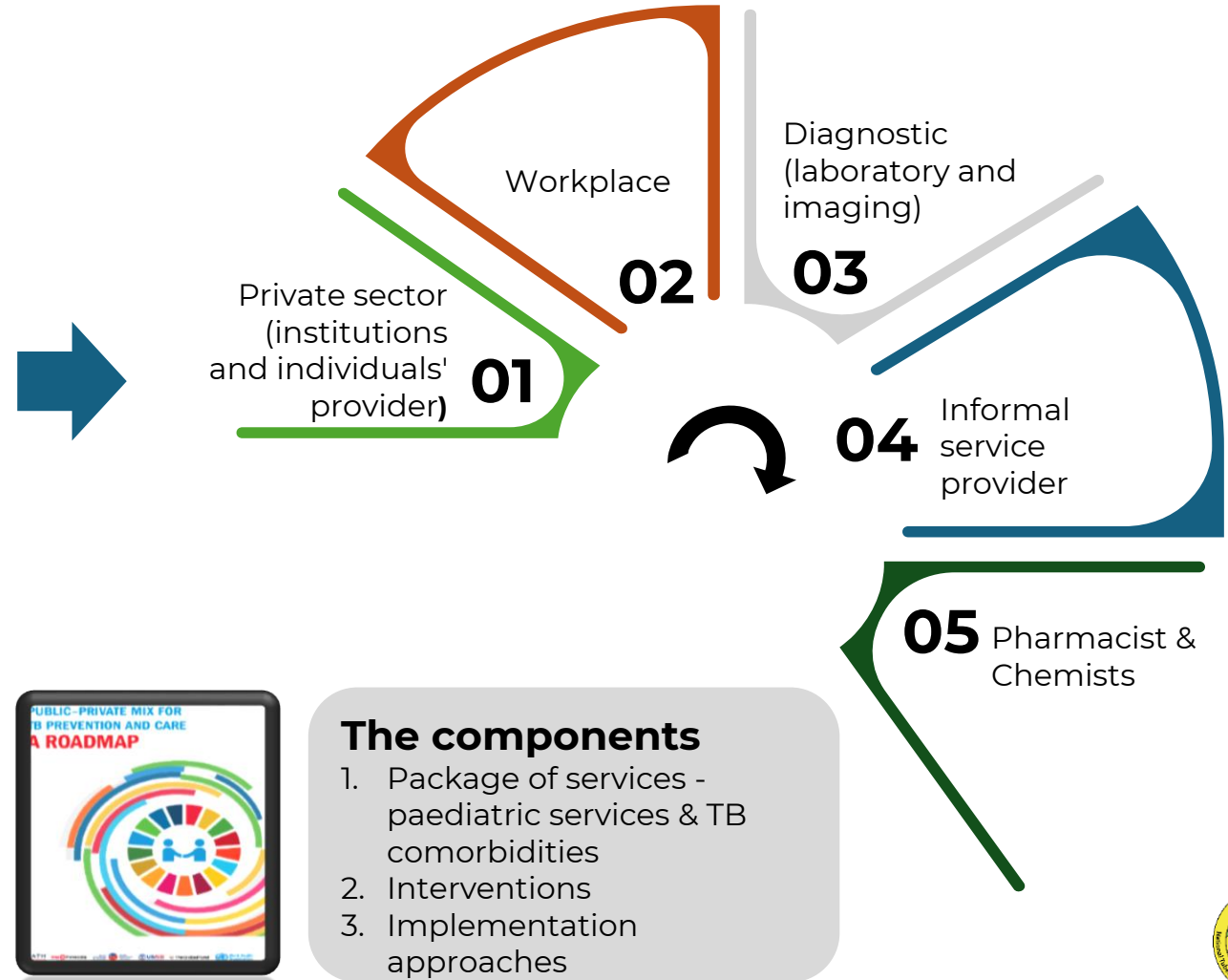
Lessons Learnt

- Retain & expand best practices
- Implement sustainable solutions to PPM Challenges



Adoption of New Innovations

- Embrace new innovations in TB control
- TB PPM related innovations



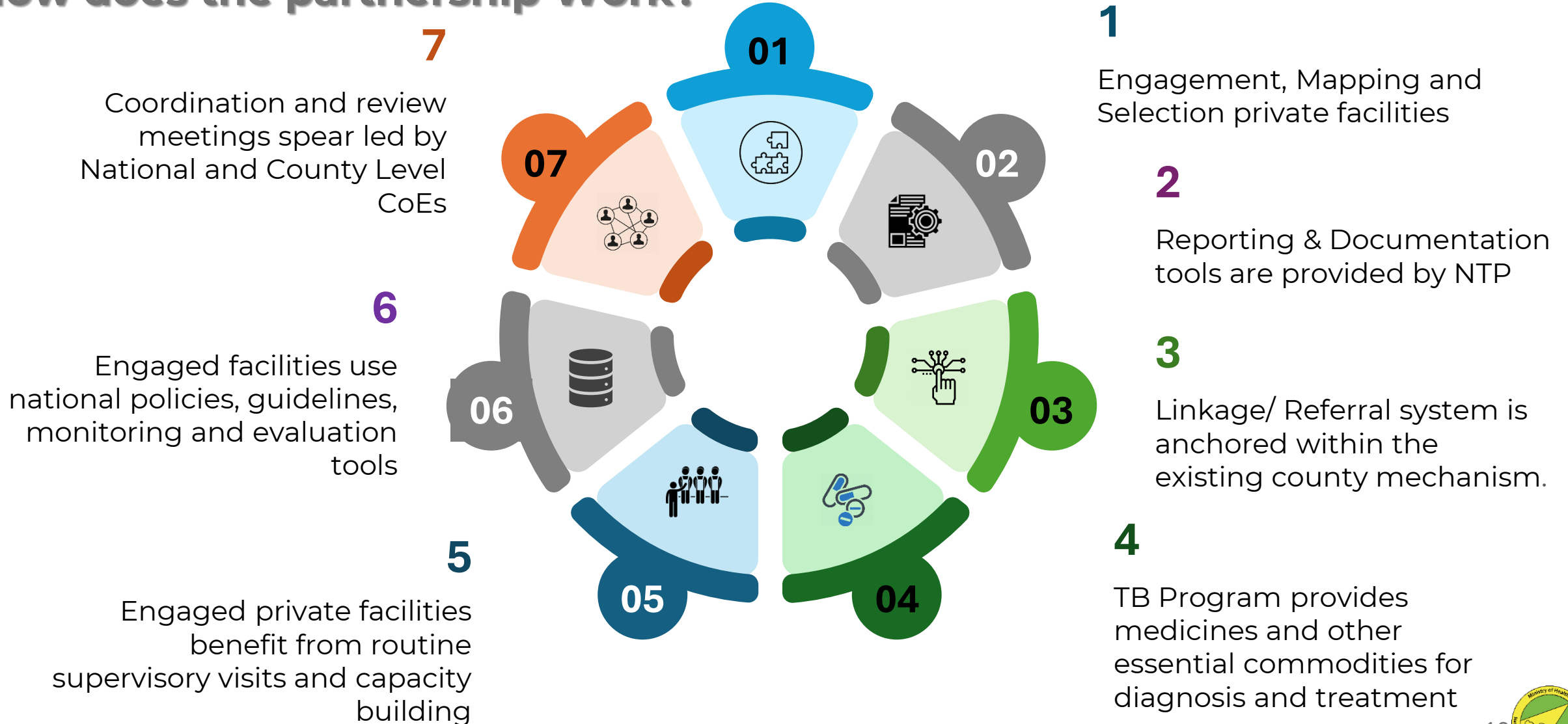
Strategies for collaborations

Task Mix for Engaged Providers

Tasks	FBO Hospitals and Clinics	PFP Hospitals and Clinics	Private stand-alone laboratories	Pharmacy/Chemist
Screen to identify TB presumptive	Y	Y	Y	Y
Refer presumptive	Y	Y	Y	Y
Request testing/diagnostics	Y	Y	Y	N
Run diagnostic tests	Y/N	Y/N	Y	N
Initiate treatment and counselling	Y	Y	N	N
Supervise treatment	Y	Y	N	Y/N
Patient follow-up	Y	Y	N	Y/N
MDR-TB treatment supervision	Y/N	Y/N	N	N
TB-HIV diagnostic and treatment linkages	Y	Y	Y	N
Recording and reporting	Y	Y	Y	N
Notification	Y	Y	N	N

Strategies for collaborations

How does the partnership Work?



Strategies for collaborations

Expected outcome for the engaged private providers

- Conduct symptomatic **TB screening of all clients** visiting the provider
- Link all presumptive TB patients to testing; all presumptive TB cases must be **tested for TB using gene Xpert as the first diagnostic test**, where gene Xpert is not available use microscopy as another sample is referred for gene Xpert testing
- Clinical diagnosis made using the **diagnostic algorithms**
- All TB patients must be **initiated on TB treatment** (at the private facility or referred to another treatment facility) and **notified** to the TB Program (Thro' SCTLCs or thro' NTLD e-citizen PPM Module)
- Conduct **Contact management** for all Bacteriologically confirmed TB Patients (Contact Invitation or Contact Tracing)
- **Proper documentation**; recording and reporting of all TB services using **NTLD-P approved guidelines and tools**
- Linkage of all people diagnosed with TB to treatment services

Initiatives and progress for Private Sector

Governance

- Policies
- Guidelines
- PPM Action Plan

Monitoring and Evaluation

- R &R tools
- EMR upgrades
- T-bu lite and ppm dashboard
- Support supervision



Engagement

- Mapping
- MoUs
- Capacity Building, OJT, CME
- Scale up to all counties and models

Strengthening Implementation

- Capacity to diagnose
- Sample networking
- Provision of medicines
- Incentives
- Mentorships

Achievements and Focus areas

Good practices in TB PPM

- **PPM Action Plan:** Coordination of PPM activities at National and sub national levels
- **Harnessing the power of digital technologies through t-bu lite:** case-based patient management app designed for the private sector, community, patient and self-learning modules with incentives
- **Provided standard guidelines,** training packages and orientation packages for private sector
- Supply of **tools for R&R** and constant supply of commodities
- Scaled up private facilities to provide TB services

Priority areas for TB PPM

- Adaption of flexible models of private sector engagement applicable to local contexts including MAF
- Review of legislation and regulations on TB control
- Expanding active engagement of Private sector representatives in policy discussions
- Effective and efficient monitoring and evaluation of PPM interventions through NSP, PPM Action Plan, PPM dashboard and M&E Framework

Challenges in PPM implementation

- **Low Prioritization of TB:** TB is not given enough attention, with limited leadership, funding, and resources. This impacts essential services like sample referral and continuous engagement, leading to inconsistent care and reliance on the public sector.
- **Unmapped and unengaged Private Health Providers:** Many new private health facilities, pharmacies, chemists, diagnostic centers and workplaces are not mapped, leaving them underserved.
- **Poor Quality of TB Care:** Inconsistent care due to high staff turnover and lack of standard practices leads to gaps in the TB care process.

Challenges in PPM implementation

- **High Staff Turnover:** Frequent staff changes create knowledge gaps in TB care, requiring ongoing training, mentorship, and education.
- **Limited Capacity for Drug-Resistant TB Management:** Private facilities struggle to manage drug-resistant TB due to the complexity of treatments and monitoring requirements.
- **Limited Coverage of TB Preventive Therapy (TPT):** The private sector provides limited access to preventive TB treatment, especially for high-risk groups.
- **Complex Recording and Reporting Tools:** Data recording is often incomplete due to the complexity of the tools and a lack of dedicated health record officers in some private facilities. Some facilities with EMR systems lack TB-specific modules

Lessons learned

Area of Implementation	Lesson's Learnt & Proposed Action
Engagement, Mapping and Selection	<ul style="list-style-type: none">▪ Integrating TB services with other health services to cross-subsidize TB control efforts and expand program reach▪ Map as many providers as possible with a clear selection criteria including gaps▪ Structured advocacy & engagement for site / chemist owners / admins/ professional bodies(Getting a buy-in)
Capacity building of private providers	<ul style="list-style-type: none">▪ Defining the roles of providers – Screening, Testing, Diagnosis, Treatment, DOT▪ Comprehensive integrated training should be considered-purposive selection of participants▪ Frequent and continuous OJT to mentor new staff due to possible high turn over▪ Provision of IEC materials and knowledge portals;- Easy to access info for all stakeholders thro' t-bu lite, etc▪ Innovative models of capacity building – Virtual meetings, WhatsApp discussions▪ The role of the county in capacity building for treatment and non treatment sites▪ Upgrade facilities to treatment centers and capacity building to provide services

Lessons learned

Area of Implementation	Lesson's Learnt & Proposed Action
Reporting & Documentation	<ul style="list-style-type: none">▪ Development of tailored reporting tools for private providers, including standalone providers and pharmacies, is essential.▪ Simplified reporting tools that capture key indicators are more effective for accurate data collection.▪ Regular Data Quality Assurance (DQA) sessions are necessary to ensure the accuracy and reliability of reported data.
Linkage/ Referral system	<ul style="list-style-type: none">▪ Need to link the private facilities to the public – Laboratory services, treatment services▪ Establish networks of the private facility- hub and spoke
Incentivization	<ul style="list-style-type: none">▪ Using incentives and enablers to engage private providers and encourage patient and provider participation in TB care and control▪ Combination of monetary & nonmonetary innovations▪ Need to incentivize the processes rather than only outcomes
Coordination and Review meetings	<ul style="list-style-type: none">▪ Focal persons are key in activating cold spots & driving team work▪ Experience sharing platforms are a good learning opportunity for the private providers to scrutinize gaps and come up with mitigation measures▪ Optimize what other partners are doing-don't disband what is working

Recommendations

Priority areas we would like to learn on TB control

- Adoption and roll out of new technologies in private sector
 - Short term regimens
 - Diagnostic tools and opportunities for vaccine development
- Operations research and publishing
- Institutionalizing, implementation and monitoring of MAF



Theme: Shared Interests, Aligned Partnerships; End TB in Kenya

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