Overview
The burden of tuberculosis (TB) in Kenya is among the highest in the world and the 4th cause of death among infectious diseases. It has an incidence rate of 210 cases per 100,000 people and a prevalence rate of 283 cases per 100,000 people. Mortality from TB in Kenya is also above the global average at 22 deaths per 100,000. Kenya is estimated to be missing 28,000 cases.

Who is affected by TB in Kenya?
TB in Kenya disproportionately affects populations such as those living in densely congregate settings such as prisons and slums, people living with HIV, nomadic communities, migrant workers and transport workers as compared to the general population. However, TB can affect anyone, anywhere.

TB hotspots in Kenya
In 2015, 10 counties had higher TB case notification accounting for 48% of the total notified cases. These counties include: Nairobi (12,425), Mombasa (4,225), Kiambu (3,702), Nakuru (3,636), Meru (3,420), Kisumu (2,933), Turkana (2,250), Machakos (2,223), Kakamega (2,184), Homabay (2,143).

Source TIBU 20th May 2016

MDR and XDR TB
In Kenya, the Multidrug-resistant tuberculosis (MDR-TB) burden is estimated at 3.1% of new and 10% of retreatment cases; 423 MDR/RR TB cases were confirmed in 2015. In Kenya Drug Resistant (DRS) survey done in 2015 the prevalence of MDR-TB is 0.7% (0.2-1.1) while that of RR is 1.3% (0.8-2.0)

High poverty levels in Kenya, estimated at 46%, have contributed to the burden of TB, through poor housing, poor nutrition, overcrowding in homes and at workplaces, alcohol and substance abuse and poor access to health care services.

Progress to Date
1. The leadership role of Kenya’s National Tuberculosis, Leprosy and Lung Disease Program (NTLD-Program) in collaboration with development partners has seen Kenya recognized as the first country in Africa to achieve WHO global targets of detecting 70% and treating 85% of these TB cases successfully.
2. Kenya surpassed the target on TB case detection rate of 75%, treatment success rate of 86% for new and relapse cases and there are indications that TB incidence cases could be on the decline
3. Rollout of Isoniazid Preventive Therapy (IPT) across the country to protect people living with HIV and children under five years of age in contact with persons with TB from getting TB. The target is to initiate approximately 900,000 by December 2016
4. Launch of the National Strategic Plan (NSP 2015-2018), providing a roadmap for TB, Leprosy and Lung Health activities in Kenya
5. Kenya notified a total of 81,518 TB cases of all forms. This is a decline of 9.4% of the cases notified in 2014
6. From July 2016, GeneXpert commissioned as first test for presumptive TB cases in all facilities where the technology is available

What needs to be done?
In spite of these gains, more remains to be done to increase case notification, respond to drug-resistant TB, scale up TB-HIV collaboration, promote research and development to accelerate progress in point-of-care diagnostics, treatment regimens, effective vaccines to prevent TB in adults and avail adequate financing for TB care and control.
Tuberculosis Accelerated Response and Care

Purpose: Tuberculosis Accelerated Response and Care (TB ARC) is a five year activity funded by USAID to expand access to quality-assured TB services in all Counties and for all forms of TB, through the identification and implementation of evidence-based interventions that support and/or complement the activities of the National Tuberculosis Leprosy and Lung Disease Program (NTLD-Program).

Goal
To reduce the burden of TB in Kenya

Objectives
1. To support the leadership and leveraging role of NTLD-Program
2. To support development, implementation and scale-up of new program areas/interventions
3. To provide technical assistance for the local adaptation and scale-up of globally proven interventions
4. To support monitoring and evaluation of the NTLD-Program

Approach
Tuberculosis Accelerated Response and Care is working closely with the NTLD-Program and other implementing partners to increase the proportion of all TB cases identified and treated to over 95% and treatment success rate to over 85% in all counties over five years (2013-2018).

TB ARC Partners
Tuberculosis Accelerated Response and Care is implemented through a consortium led by Centre for Health Solutions – Kenya (CHS) with support from PATH and technology partners SAFARICOM and TangazoLetu working in collaboration with the NTLD-Program. Our sub-awardees include: Kenya AIDS NGO Consortium (KANCO) and Kenya Association for the Prevention of Tuberculosis and Lung Diseases (KAPTLD).