Kenya Joint TB/HIV Concept Note Development

Market Place Presentation
Outline

• Introduction
• TB HIV NFM goals, objectives and indicators
• TB HIV CN allocation
• Kenya joint TB HIV programming
• TB HIV actors in Kenya
• The experience
• Opportunities for joint programming beyond TB and HIV
Introduction

Based on the 2009 population census, Kenya’s population is projected to be 45 million people. 53% < 18 years, or 21.3 million children. Notably, adolescents 10-19 years constitute around 9.2 million or nearly a quarter of Kenya’s total population.

Kenya suffers from dual HIV and TB epidemics and globally is ranked 4th in the HIV disease burden and 15th among the 22 high TB burden countries.

In 2013, over one-third (35%) of notified TB patients nationally were HIV infected, compared to 13% globally. Some regions reported up to 75% HIV infection among TB patients.
Introduction

The HIV epidemic in Kenya is both generalized among the general population and concentrated among specific Key Populations (KPs) and geographies. The HIV prevalence is estimated at 6.0% with an estimated 1.6 million persons living with HIV.

TB prevalence as per WHO Estimate 2013,283 per 100,000 population

HIV prevalence among TB cases has been decreasing from 45% in 2008 to 38% in 2012

The epidemiological characteristics and clinical manifestations of both TB and HIV and confounding issues such as stigma related to the two diseases requires an integrated approach in the response.
TB HIV NFM GOALS
KASF Vision, Goal and Objectives

A Kenya free of HIV infection, stigma and AIDS related deaths

Contribute to achieving Vision 2030 through universal access to comprehensive HIV Prevention, Treatment and Care

- Reduce new HIV infections by 75%
- Reduce AIDS related Mortality by 25%
- Reduce HIV related stigma and discrimination by 50%
- Increase domestic financing of the HIV response to 50%

Priority Interventions and Recommended Actions; SD 1 - 8.
TB NFM Goal

To accelerate reduction of TB, Leprosy and Lung disease burden through provision of people centred, universally accessible, acceptable and affordable quality services in Kenya
## TB/HIV NFM Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Targets</th>
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<tbody>
<tr>
<td><strong>Percentage of TB patients who had an HIV test result recorded in the TB register</strong></td>
<td>95% (2014 R&amp;R TB system, yearly management report)</td>
<td>95%</td>
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<tr>
<td><strong>Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment</strong></td>
<td>88% (2014 R&amp;R TB system, yearly management report)</td>
<td>90%</td>
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<tr>
<td><strong>Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings</strong></td>
<td>51.3% (Data source: HMIS, 2014)</td>
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<td><strong>Percentage of new HIV-positive patients starting IPT during the reporting period</strong></td>
<td>0.5% (Data source: HMIS, 2013)</td>
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Kenya TB HIV module application and grant amounts

<table>
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<tr>
<th>Module</th>
<th>Application amount (Allocation and above allocation)</th>
<th>Grant amount</th>
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<tr>
<td>TB/HIV</td>
<td>6,321,352</td>
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2% (USD 6,321,352/USD 373,342,830) of Total Country TB and HIV Grants
Kenya Joint TB HIV programming

- TB/HIV collaborative interventions are to reduce the morbidity and mortality of TB in HIV and vice versa.
- These interventions are referred to as the 5 I’s i.e.
  - Infection Prevention and control (IPC)
  - Intensified case-finding (ICF)
  - Isoniazid preventive therapy (IPT)
  - Immediate ART
  - Integration of HIV/TB services
- Joint TB HIV Programming is coordinated by a national TB/HIV committee.
Kenya Joint TB HIV programing

Concept note prioritized ICF and IPT i.e.

- Intensify ICF i.e. procurement of gene expert machines
- Scale up IPT - procurement of INH and pyridoxine to supplement GDF and USAID procurements
- National and county TB/HIV coordinating meetings
- National TB/HIV stakeholder forums
Key TB/HIV actors in process

- Ministry Finance, Health
- KCM, LFA, GF CT
- CDC, USAID, WHO, UNAIDS, UNICEF, PEPFAR, CHAI, DFID-Futures
- NACC, KRC, AMREF, KANCO
- Civil Societies – NEPHAK, KELIN, CLAC
- Key Population – MSM, FSW
- Private sector – KAPTLD, LVCT
- Academia - KEMRI
Experience

- Joint application
  - Joint secretariat
  - Joint ICC
- Separate TB and HIV grants
  - TB HIV module in TB grant
  - Consensus on components of HSS and CSS modules
- Joint steering committee created to coordinate implementation of cross cutting modules—state PR as secretariat

Kenya TB/HIV CN dialogue meeting
Joint programming beyond TB and HIV

- RH and HIV
- Nutrition and HIV/TB
- NCDs and HIV/TB
- Lung Health and TB
Thank you