Beyond Health: A Multisectoral Approach to Ending Tuberculosis

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Ending TB Through Multisectoral Action

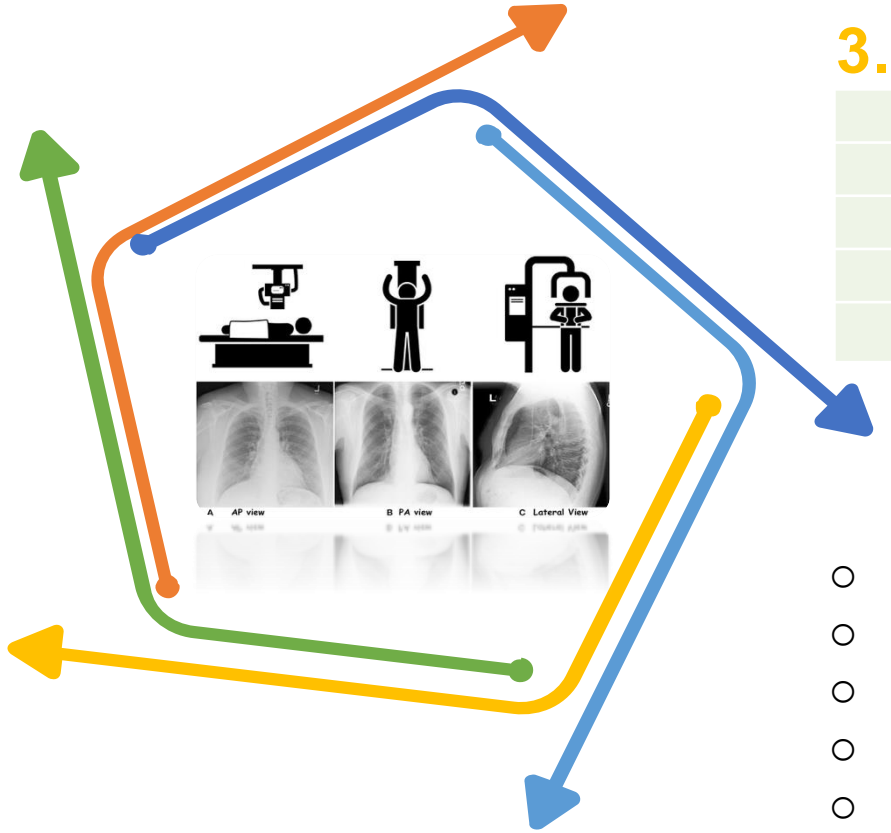
1. TB is not only a health problem

Poverty, Malnutrition, HIV, Diabetes, Overcrowding, Air Pollution, Working Conditions, And Social Protection

2. Strong national commitment

i. Strategic Plan (2023/24–2027/28)
ii. Multisectoral Accountability Framework (MAF-TB).
iii. Aligned with Universal Health Coverage (UHC) and Primary Health Care.
iv. Adopting a people-centred planning approach involving administrative units, civil society, communities, academia, donors, and the private sector.
v. Workplace TB Policy

vulnerability



5. Pillars of Action

Commit - Act
Monitor - Review

3. Who Must Act?

Health	Education
Treasury	Environment
Housing	Interior/Prisons
Agriculture	Social Protection
Labour	County Governments

4. Tracking Progress

- Case notification
- Treatment success
- Preventive therapy
- Contact investigation
- Financing
- Social protection coverage
- Community participation

Experience in Operationalizing the Multisectoral Accountability Framework for TB (MAF-TB)

Kenya NSP (2023/4-2027/8)Priority Focus Areas

Focus Areas:

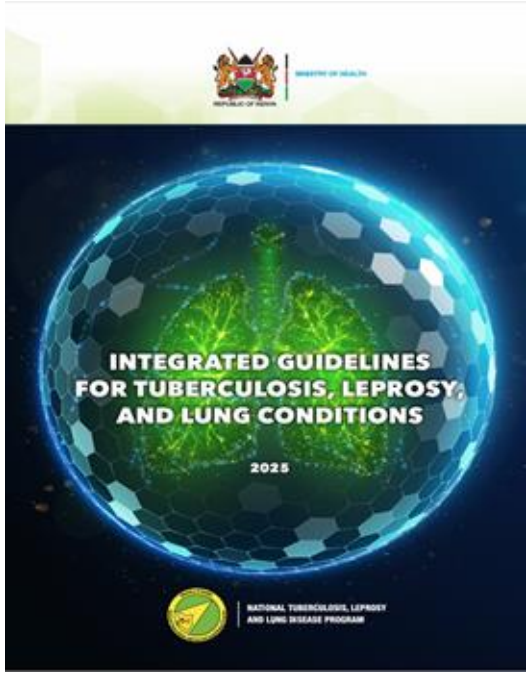
1. **Optimizing current TB interventions –** i.e., expanding treatment sites, optimizing current services through quality improvement, implementing point-of-care TB record systems, and targeted preventive treatment.
2. **Adoption of new technology -** i.e., chest X-ray with AI and TB antigen screening tests, molecular WRDs/NAAT and increase availability and accessibility of newer, shorter regimens for TB treatment.
3. **Leveraging UHC and community systems –** i.e., community health worker programs, inclusion of TB prevention, screening, diagnosis, and treatment services in the Universal Health Coverage (UHC) benefit package and embracing primary healthcare networks.

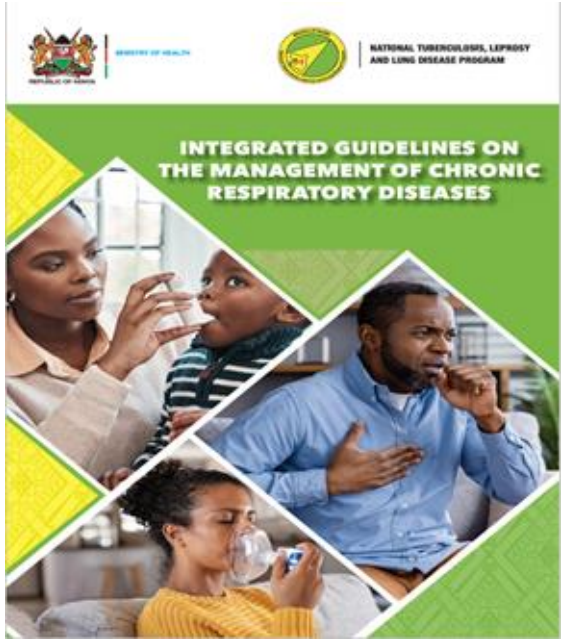
Focus Areas:

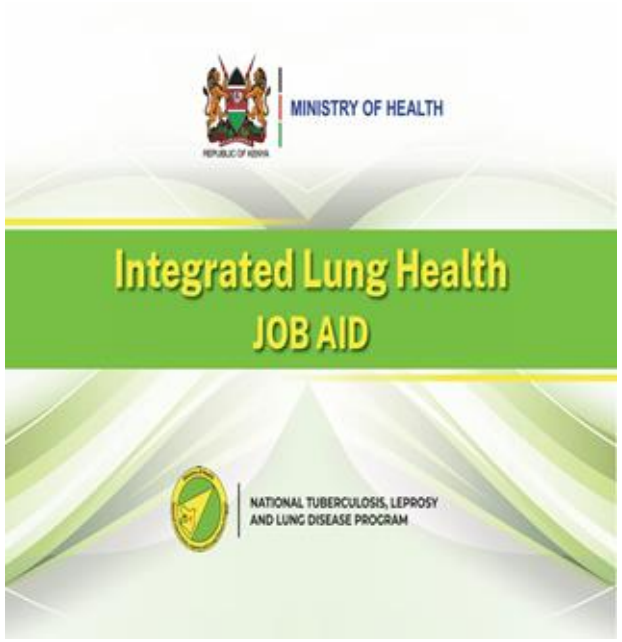
4. **Tailoring interventions to subnational epidemics -** i.e., to strengthen systems for pandemic preparedness and develop county-specific operational frameworks for TB control.
5. **Communities, human rights, and gender -** Empowering communities to participate in TB control efforts, addressing social determinants of TB, and implementing gender-sensitive programming for TB.
6. **Multisectoral engagement for effective TB control -** Collaboration with non-health sectors, such as education and housing, to address social determinants of TB and improve health outcomes for communities at risk.

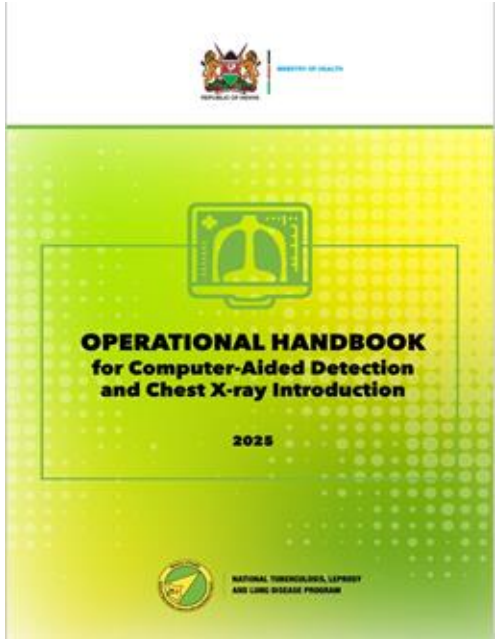
Policies and Guidelines

- TB and lung health guidelines were reviewed and finalized, including….









- Training curricula were updated as an integrated approach
- Frontline healthcare works trainings are aligned with the updated guidelines

MINISTRY OF HEALTH

REPUBLIC OF KENYA

Country Profile

Indicator	Performance
Estimated incidence	117,000 (207/100,000 pop)
TB Treatment coverage	81%
TB patients facing catastrophic costs	27% (survey 2017)
TB/HIV co-infection	23%
TB Case fatality ratio	22%
%HH contacts of B+ TB cases on TPT	40%
Cases attributable to risk factors	
Alcohol	8,400
Diabetes	3,800
HIV	24,000
Smoking	4,500
Undernourishment	10,000

Kenya Snapshot 2025

DSTB CASES NOTIFIED IN 2025

90,933

5% Increase

DRTB CASES NOTIFED

816

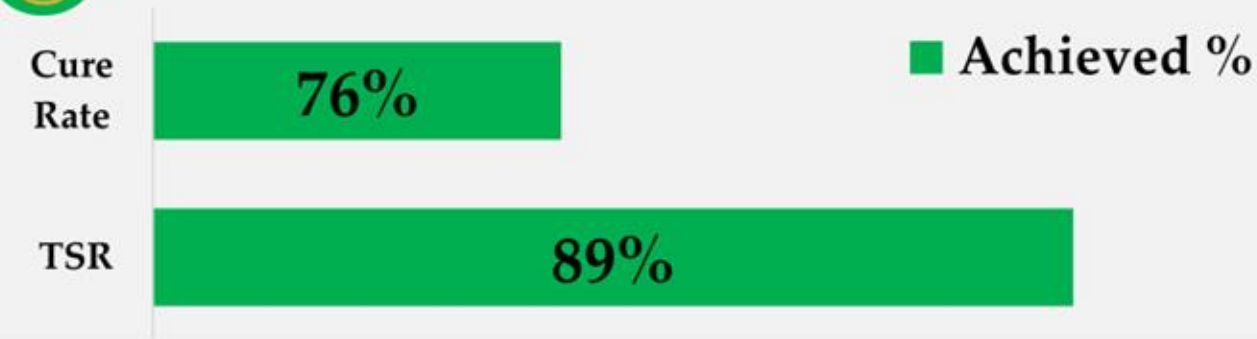
7.5% Decrease

PEDIATRIC CASE FINDING IN 2025

10,965

12% Of Case Finding

TREATMENT OUTCOMES IN 2024



1% Increase

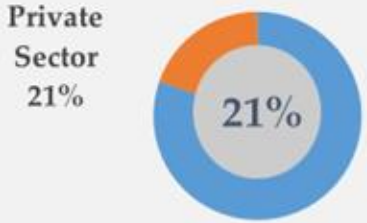
CONTACTS & TPT IN 2025

44% Increase

89,749 Contacts Listed

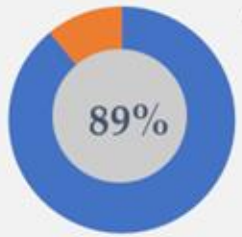
65,695 Initiated on TPT

SECTOR CONTRIBUTION IN 2025



0.4% Increase

DRTB SURVEILLANCE FOR PT IN 2025



13% Decrease

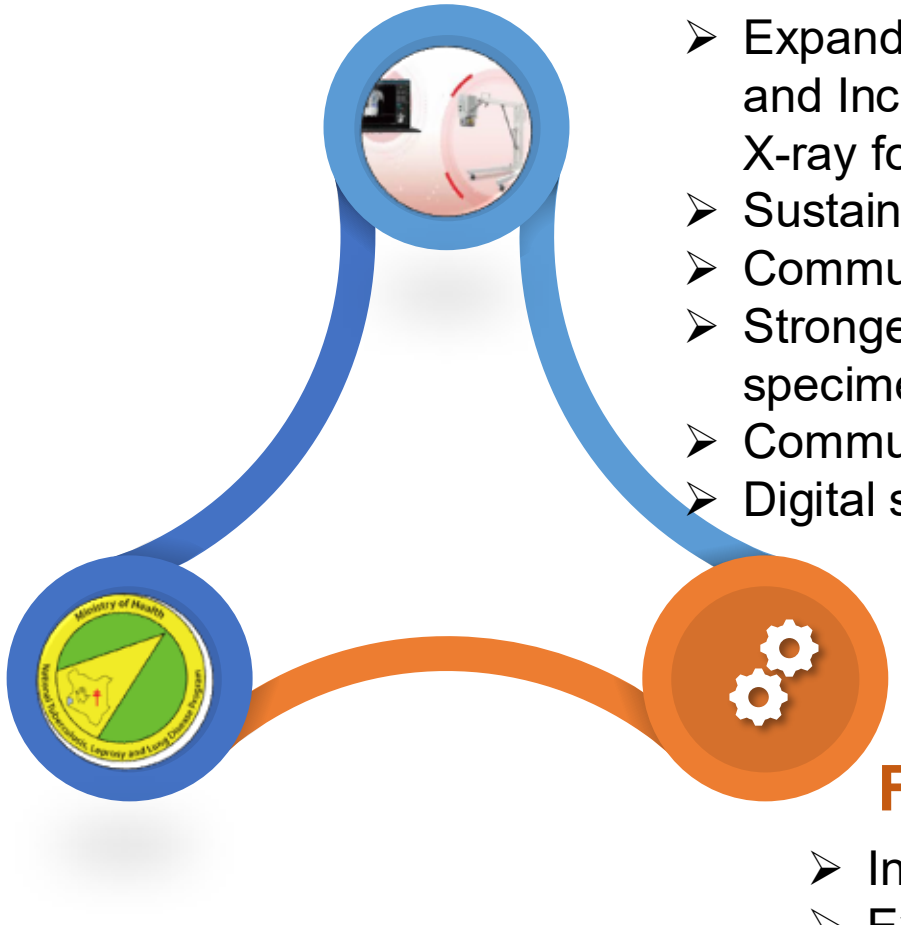
HIV TESTING IN 2025

1.1% Increase

Collaboration for successful TB elimination

Policy Requirements

- National TB Strategic Plan (2023/24–2027/28)
- Multisectoral Accountability Framework (MAF-TB)
- Workplace TB Policy
- Universal Health Coverage reforms



Investments

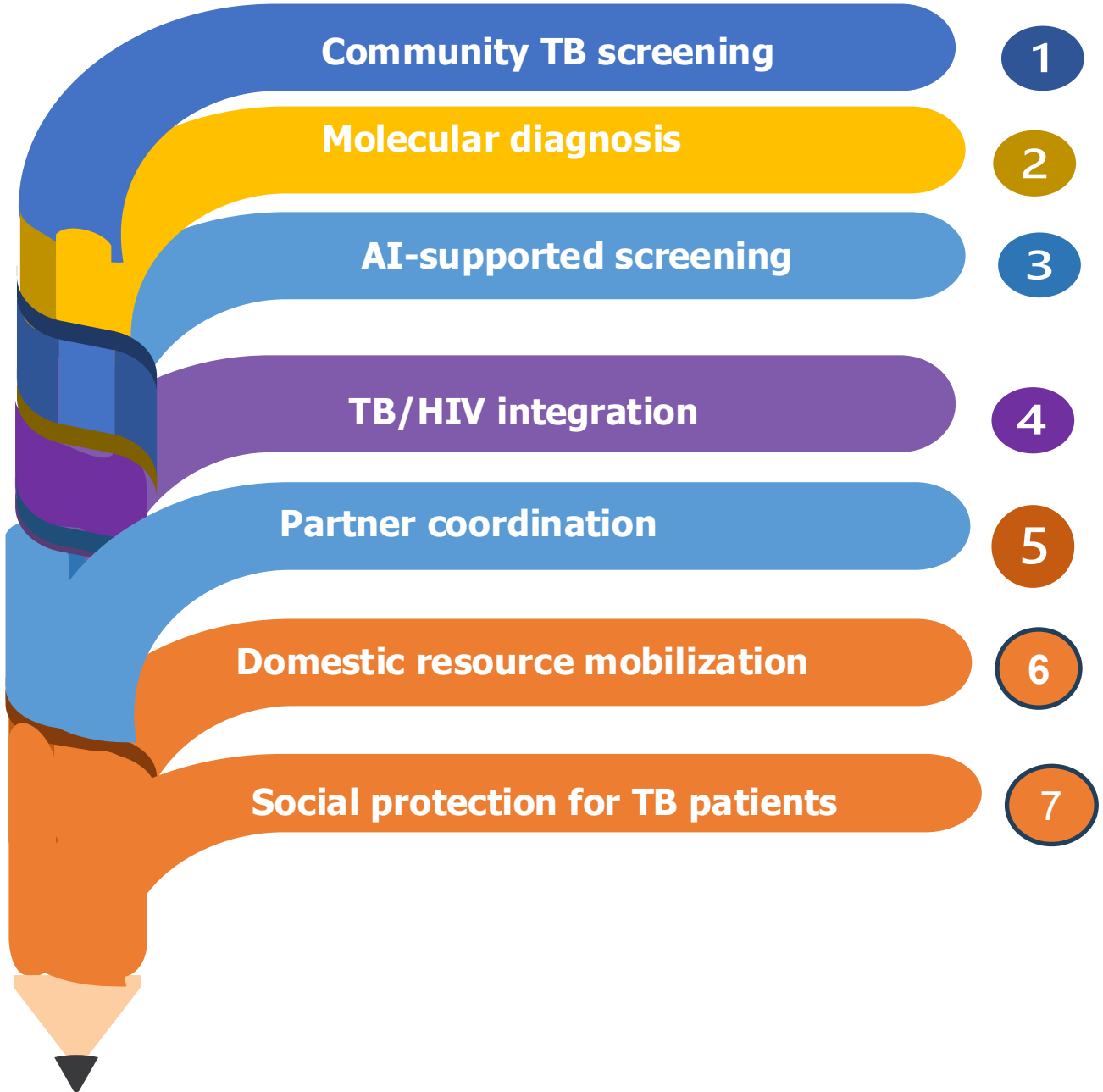
- Expanded molecular diagnostics (mWRDs) and Increased use of AI-enabled digital chest X-ray for TB screening
- Sustain Integration of TB and HIV services
- Community-based active case finding
- Stronger laboratory QMS and digital specimen referral.
- Community Health Promoters.
- Digital surveillance and

Future priorities

- Increase domestic financing.
- Expand social protection for TB-affected households.
- Invest in nutrition and healthy housing.
- Scale up community-led monitoring.

- Improved childhood TB diagnosis and treatment
- Injection-free treatment for drug-resistant TB

Progress Towards NSP Targets



- Expanded through CHPs
- Expanded nationwide
- Scale-up ongoing
- Strengthened
- Strong
- Improving
- Needs strengthening

Other Core Components of MAF-TB

- Demand generation among high-risk populations
- Identification and referral for testing
- Follow-up to ensure access to services
- Continuous feedback on barriers to access

- Near-POC tools (e.g., PlusLife)
- Availability of equipment and test kits
- Reliable testing processes and turnaround times
- Testing closer to patients

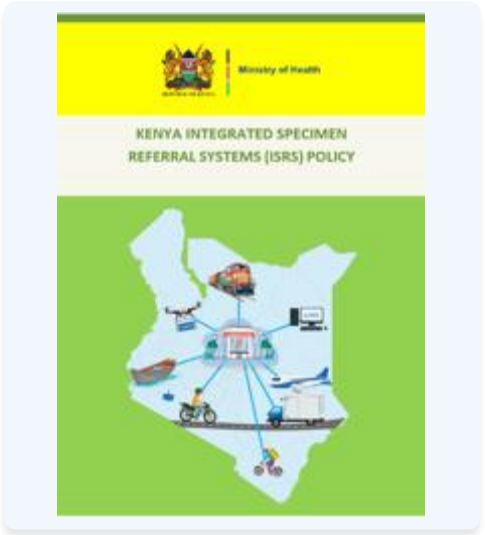
- Facilities equipped to provide testing
- Trained health workers and lab staff
- Clear patient flow and testing workflows
- Functional data and reporting systems

Continuous feedback between community and facility

Priority Areas for High-Impact Cross-Sectoral Action

Community level and Social protection	Urban planning, housing, Workplaces & Nutrition	Schools and Administrative units	Sustaining these gains and expanding accountability
❖ Active case finding ❖ Household contact tracing ❖ Community education ❖ Food support ❖ Cash transfers ❖ Reducing catastrophic costs	❖ Better ventilation ❖ Reduced overcrowding ❖ Routine screening ❖ Occupational health programmes ❖ Workplace TB policies ❖ Food support	❖ TB awareness ❖ Early referral ❖ Domestic resource allocation ❖ Local accountability ❖ Integration into Government Annual Work Plans	➢ Political Commitment ➢ Strong Partnerships ➢ Community Engagement, And ➢ Innovation

Development of ISRS documents

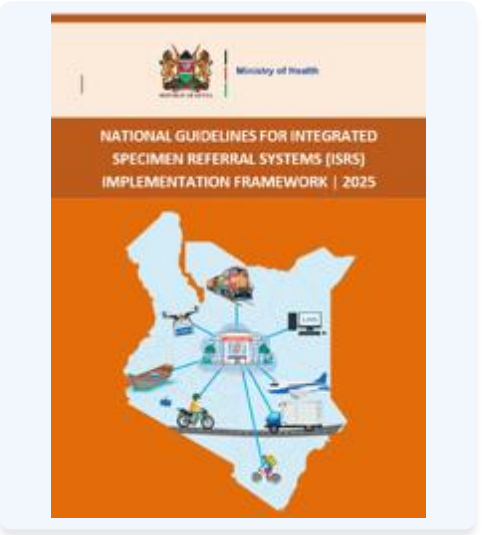


ISRS Policy

Standardized, interoperable system with governance & accountability

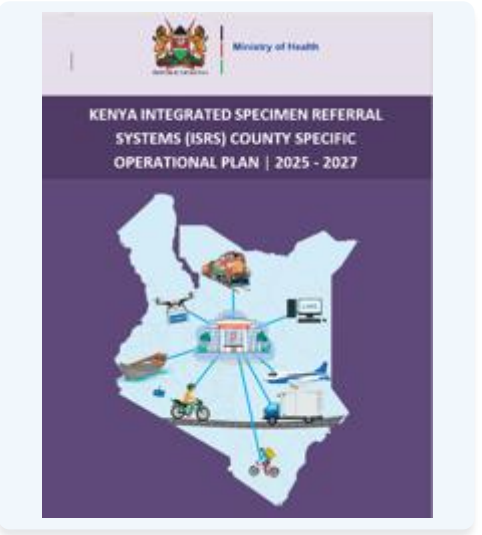
ISRS Guideline, 2025

Aligned to national standards across all thematic areas



Implementation Framework

Guides tool development, piloting, scaling & accountability

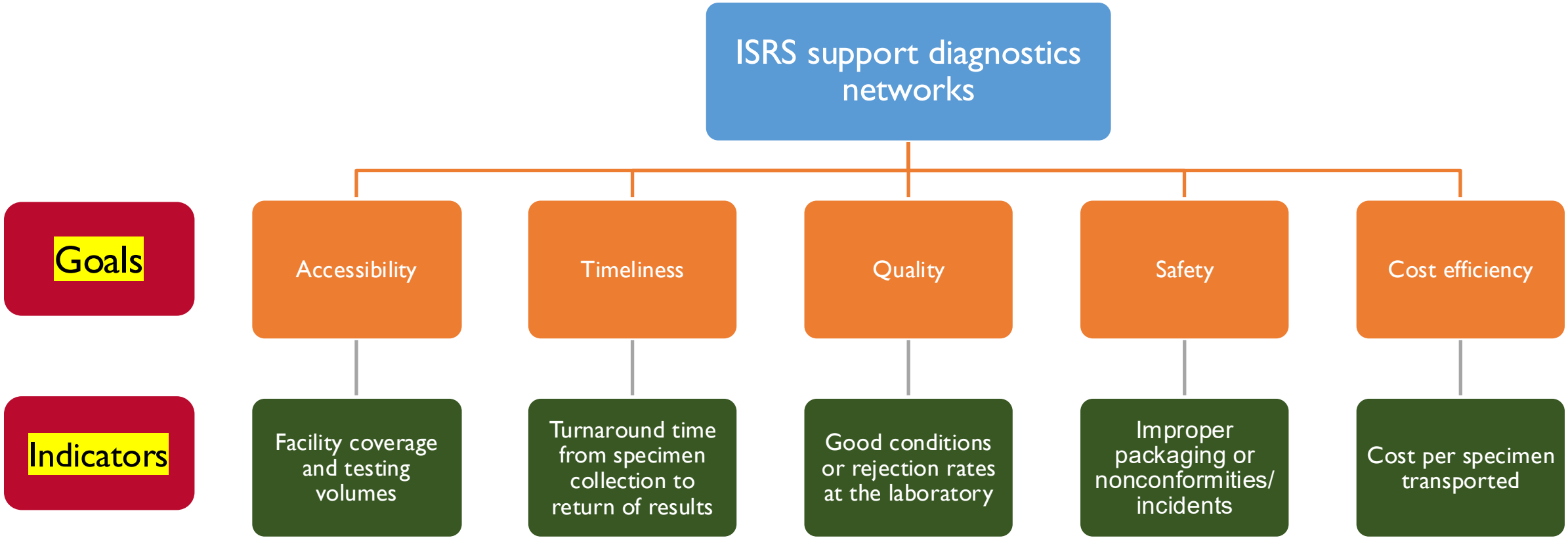


County-Specific Operational Plan

Establishes or strengthens ISRS per national standards

Closing the Diagnostic Gap: Scaling Kenya's Integrated Sample Referral System for Better Health Outcomes to Save Lives

Goals of an ISRS



Strong data & M&E systems are essential: they let the ISRS measure, demonstrate and improve performance

Leadership, Governance and Strategic Planning

Requirement

- Shared transport network
- Standardized packaging and biosafety
- Coordinated referral pathways
- Shared logistics and cold chain
- Integrated information systems
- Joint governance and coordination
- Capacity building

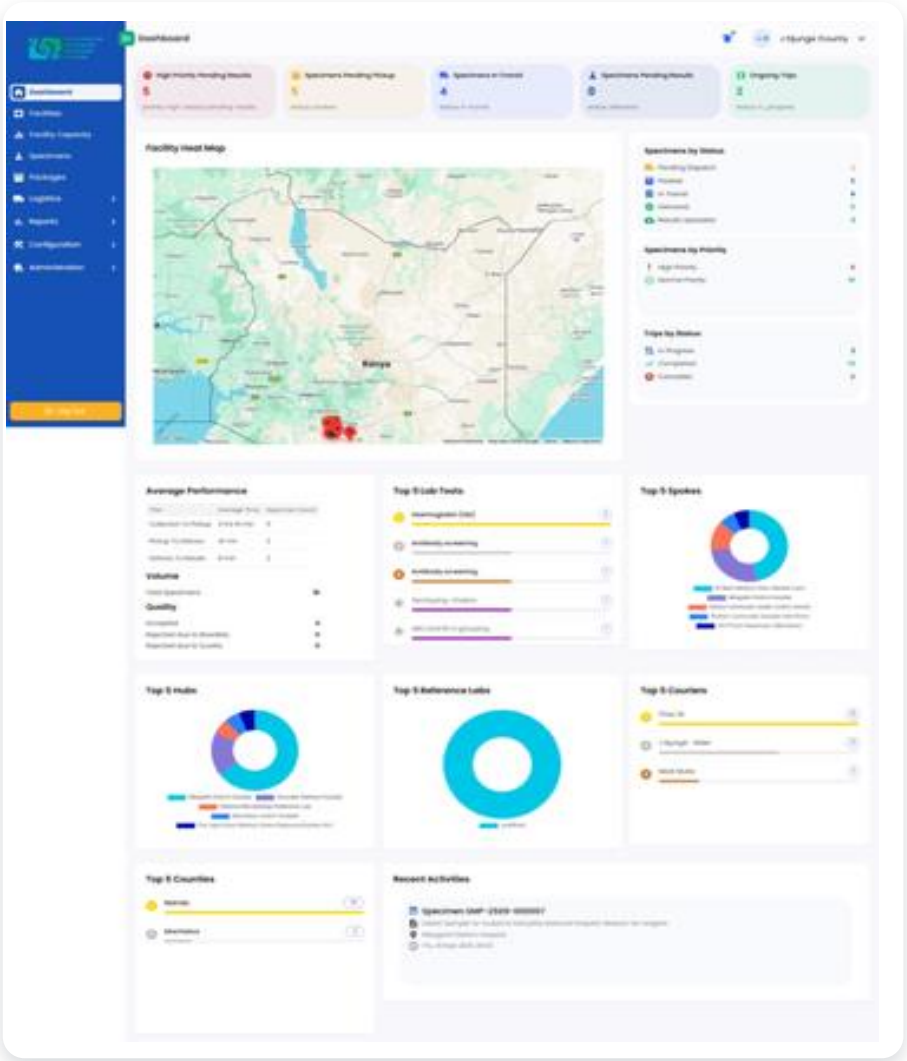
Implementation

- Strong One Health governance and policies
- Harmonized SOPs and referral pathways
- Shared laboratory and transport networks
- Reliable cold chain and logistics
- Integrated information systems
- Joint workforce training
- Sustainable financing
- Continuous monitoring and quality improvement

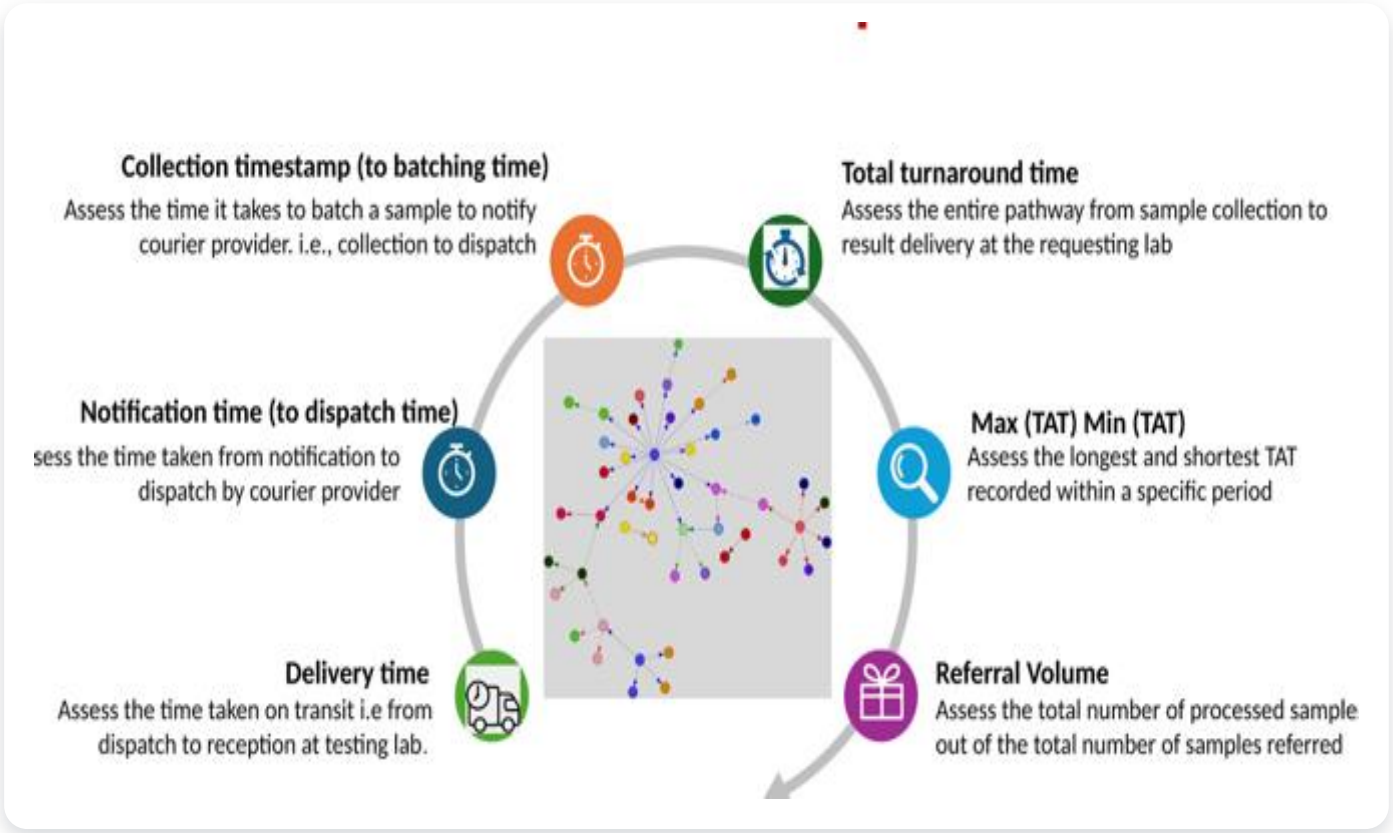
Benefits

- Reduces transportation costs by sharing logistics
- Improves access to laboratory diagnostics, especially in remote areas
- Speeds detection of zoonotic diseases such as anthrax, rabies, avian influenza, and Rift Valley fever
- Strengthens surveillance and outbreak response through coordinated laboratory networks
- Makes more efficient use of existing laboratory and transport infrastructure

ISRS dashboard & turnaround-time metrics



Live dashboard — coverage, KPIs & referral status



Turnaround-time metrics tracked: collection → batching, notification → dispatch, transit time, total TAT, max/min TAT and referral volume


Thank You.