

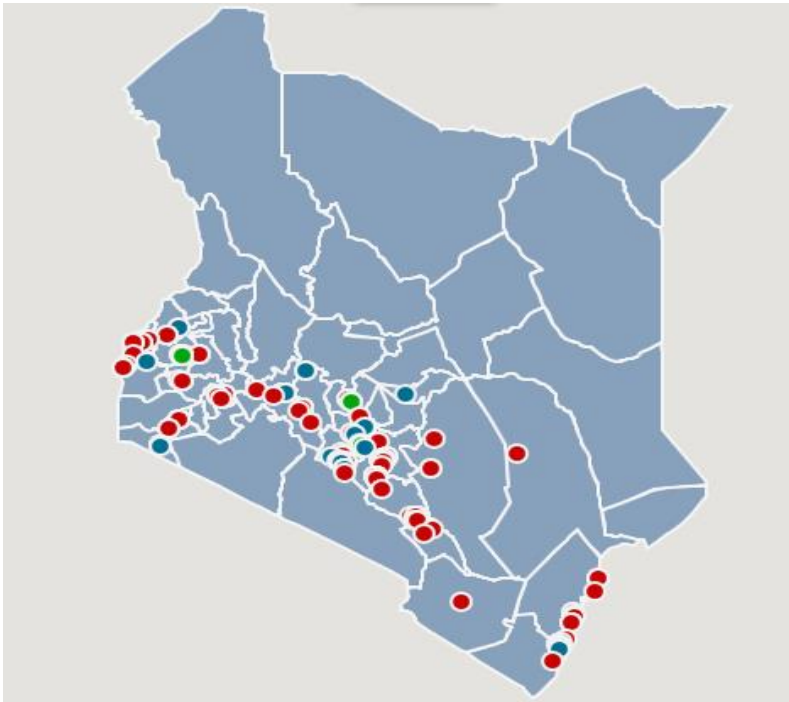


Impact of COVID 19 on Tuberculosis Programming in Kenya

Rahab Mwaniki

KANCO

ABOUT KANCO



KANCO national membership spread

- Formed in 1990 and duly registered in 1997 as a not for profit network organization
- The Largest Network Organization in Kenya
- Progressive membership of 1200 Organizations
- Our national membership spread can be viewed on the interactive online mapping platform at www.kanco.org/map



Covid Incountry

The country reported its first case of COVID-19 on 13th March, 2020 and thereafter a raft of measures were put in place to contain the spread of the virus including restriction of movements, closure of learning institutions, lockdowns, curfews among others.

HCW Deployment

At the beginning, National MOH staff were mobilized to manage quarantine sites and be part of COVID-19 response team. The counties have now taken over most of the roles.

By 6th October 2020, there were 439,586 confirmed positive cases reported in the country, 743 fatalities and 27331 recoveries.



Survey Methodology

- The survey was developed and piloted by a core working group of TB advocates and researchers.
- Survey Period: May 26, 2020 to July 2, 2020.
- Target population ; people with TB, frontline healthcare workers, TB program and policy officers, TB researchers, and TB advocates
- Quantitative and qualitative questions
- Over 1,000 people from 89 countries participated.

Study Findings



CHART 1 Person currently on TB treatment: Kenya

159
RESPONSES

● Strongly disagree ● Disagree ● Somewhat disagree ● Neither agree or disagree ● Somewhat agree ● Agree ● Strongly agree

HEALTH FACILITIES

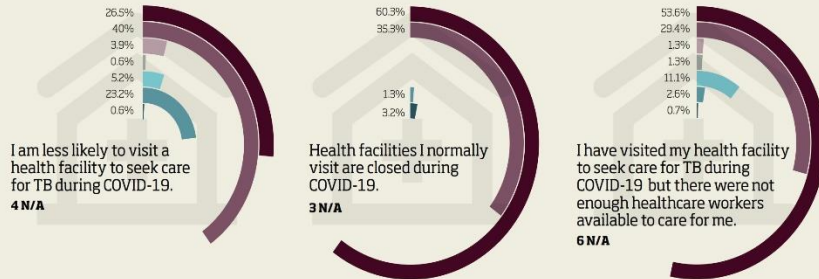
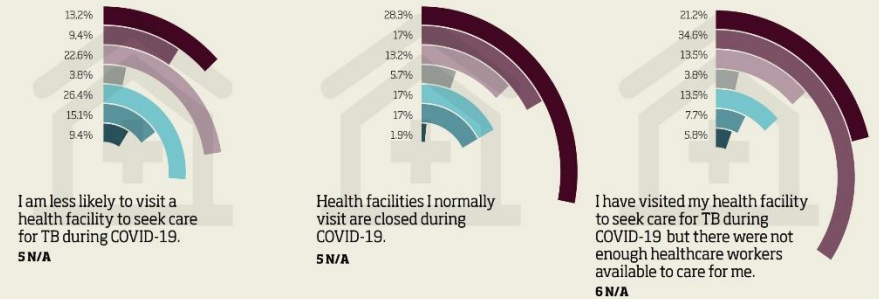


CHART 2 Person currently on TB treatment: India

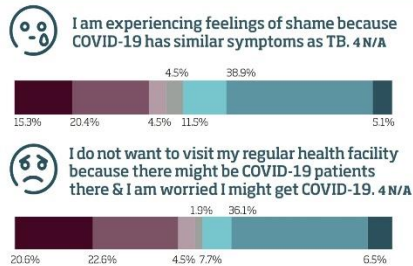
58
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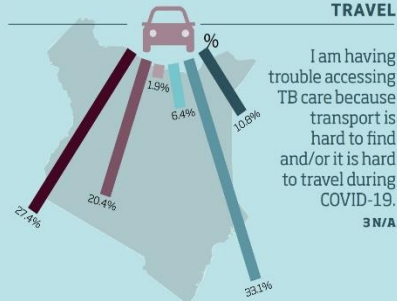
HEALTH FACILITIES



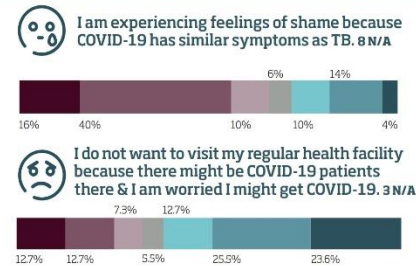
EMOTIONS



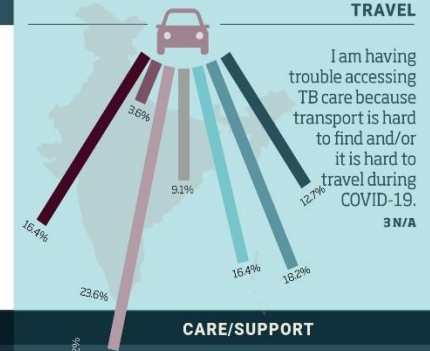
TRAVEL



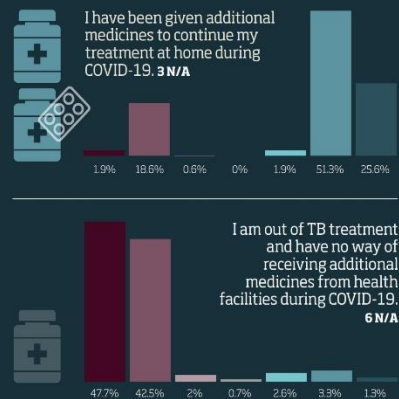
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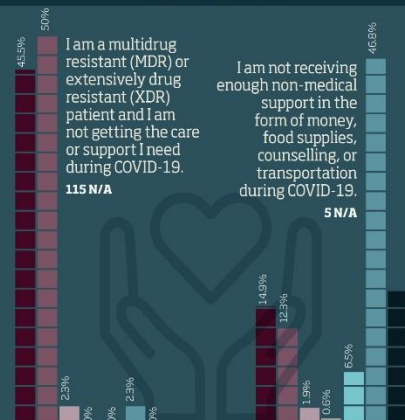
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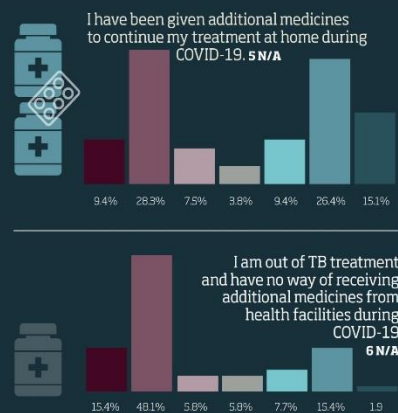
MEDICINE



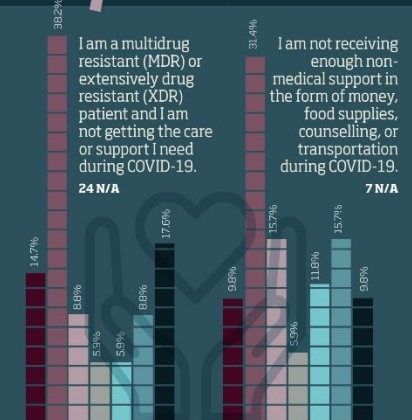
CARE/SUPPORT



MEDICINE



CARE/SUPPORT



01 COVID-19 has had an enormous impact on the number of people seeking and receiving healthcare for TB.

75% OF ADVOCATES FROM GLOBAL FUND ELIGIBLE COUNTRIES

reported a decrease in TB testing during the pandemic



73%

reported people with TB to be facing significant challenges accessing treatment and care

IN KENYA

50% OF PEOPLE WITH TB

reported having trouble finding transport to care facilities



IN INDIA

36% OF PEOPLE WITH TB

reported health facilities they normally visit closed



[GLOBALLY] Policy and program officers reported significant drops in TB notification



Build back better:

There is an urgent need for a recovery plan to get TB responses back on track to reach United Nations High-Level Meeting (UN HLM) TB targets and commitments to end TB by 2030. COVID-19 has demonstrated the important role that affected communities play in responding to health crises, reporting barriers to access, supporting peers and filling gaps in services. The pandemic is an opportunity for national TB responses to be more people-centred and to involve communities.

02 COVID-19 is driving people with TB into poverty, and social isolation is increasing inequities and human rights related barriers to TB services.

Qualitative and quantitative findings indicate that people with TB urgently need nutritional and socioeconomic support.

70%

OF KENYAN RESPONDENTS reported not receiving enough support during the pandemic.



50%+

OF PEOPLE WITH TB IN KENYA

said they felt shame because of the similar symptoms of TB and COVID-19

50%+

OF PEOPLE WITH TB IN KENYA AND INDIA said they feared contracting COVID-19 at a health facility,



61%

OF ADVOCATES FROM GLOBAL FUND ELIGIBLE COUNTRIES



reported an increase in misinformation and stigma in relation to people with TB, identifying stigma, human rights barriers, and fear as serious challenges to effective TB and COVID-19 responses.

Provide social protection:

COVID-19 has emphasized the critical importance of social protection systems. There is an urgent need to promote equity and access to financial support, transportation, healthcare and food for all people with TB, free from discrimination, and to involve communities.

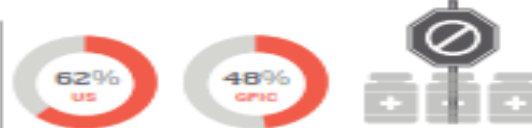
03 Health systems around the world are weak and ill equipped to respond to simultaneous COVID-19 and TB epidemics.

GLOBALLY

There is not enough personal protective equipment (PPE) for people working in TB, resulting in unsafe and challenging working conditions



Healthcare workers reported lacking PPE to safely care for people with TB and COVID-19.



Policy and program officers reported an increase in stockouts and delays of TB medicines

ACROSS BOTH PUBLIC AND PRIVATE SETTINGS

65%+ POLICY AND PROGRAM OFFICERS reported healthcare facilities to be reducing TB services during the pandemic.



Strengthen healthcare:

Frontline health care workers and health volunteers have been the first line of defence against COVID-19 around the world. Yet, COVID-19 has weakened health systems everywhere, forcing healthcare workers to contend with unsafe working conditions. Healthcare systems need to address TB and COVID-19 in an integrated way. Fever and cough are symptoms of both TB and COVID-19, and simultaneous screening and diagnostic services are needed in both public and private health sectors.

59% OF ADVOCATES FROM GLOBAL FUND ELIGIBLE COUNTRIES reported resources for people with TB being diverted to respond to COVID-19



04 People working in the TB field are seeing significant interruptions and diversions of their work and research to COVID-19.

GLOBALLY

50%+ OF HEALTHCARE WORKERS reported reductions in TB services where they worked, particularly in private settings



A majority of TB policy and program officers reported being reassigned to respond to COVID-19



GLOBALLY TB RESEARCHERS REPORTED:



Advocates from Global Fund implementing countries expressed frustration with political attention being diverted to COVID-19 and its dominance of the information and media space.



Build Capacity:

Essential TB health services and research should never grind to a halt. The 'covidization' of research and the overall health sector (communication, politics, implementation and research) has diverted attention away from TB activities. Interruptions need to be addressed, underscored by real time data received from those on the ground.

05 TB funding has decreased significantly since the beginning of the pandemic.

ADVOCATES

53% FROM GLOBAL FUND IMPLEMENTING COUNTRIES

said funding for TB was **diverted** to the COVID-19 response



51% said donor support for TB had decreased



All groups called strongly for additional funding and increased resources to respond effectively and safely to both COVID-19 and TB.

POLICY AND PROGRAM OFFICERS

65% FROM GLOBAL FUND IMPLEMENTING COUNTRIES

said funding for TB was being **diverted** for the COVID-19 response



Invest:

COVID-19 has diverted funding away from TB. To meet the UN HLM TB targets and commitments, TB financing must reach US\$13 billion a year by 2022. The US\$3.3 billion funding gap posted in 2019 is being amplified by the additional funding required to address pandemic-related disruptions.

06 Many health facilities and programs have adapted the ways they deliver services and resources in response to COVID-19, which presents an opportunity for the future of TB care and prevention



GLOBALLY
60%

OF RESEARCHERS

said COVID-19 related research projects they were working on could be repurposed or leveraged for TB



ALL GROUPS EMPHASIZED THAT PEOPLE-CENTERED ADAPTATIONS AND EMPOWERING MEASURES SHOULD BE SUSTAINED BEYOND THE COVID-19 PANDEMIC.

Respondents reported the successful use of innovative solutions in telemedicine and digital health (video, phone, WhatsApp, apps, social media, etc.), as well as greater family and community support for people on TB treatment.



All groups identified an opportunity to strengthen the TB response during the pandemic: Investments in COVID-19, such as in contact-tracing or diagnostic capacity, can be leveraged for TB, while heightened interest in and awareness of infectious respiratory diseases and global health offer an entry point for increasing the political will to end TB.

Innovate and adapt:

COVID-19 has made health a priority on the political agenda, and it must remain a priority beyond the pandemic. There are opportunities to draw on this momentum to strengthen the overall TB response by adapting strategies and taking advantage of innovative digital health platforms. A new paradigm is required to effectively meet current challenges and to champion the human rights, empowerment and engagement of people affected by TB.

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