

Business Unusual: Funding to find the Missing Cases

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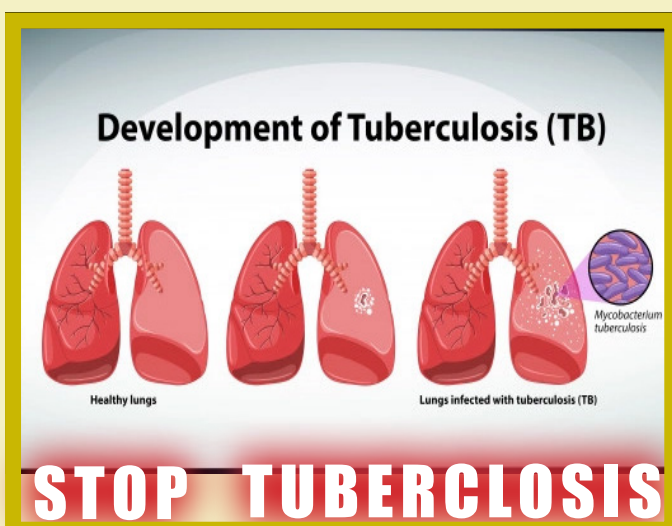
Key Messages

- There is notable evidence of government increased investment in TB. The proportion of government contribution to TB increased from 53.4 percent in 2016/17 to 56.8 percent of THE_{TB} in 2018/19.
- TB program is heavily dependent on donor funding. With donor funding for TB decreasing from 30.5 percent in 2016/17 to 22.5 percent by 2018/19, there is need for the government to step in and plug the gap left by increasing the counterpart financing to support programmatic activities including funding to find missing TB cases.
- With large numbers of TB cases being missed there is likelihood of increased community infection and hence the need for enhanced active case finding to link these cases to treatment.



More than 40% of people with drug susceptible TB are missed and almost 80% with MDR-TB being missed

(The Tuberculosis Report for Heads of State and Governments 2016 – 2020)



Context /Background

Great progress has been made towards the control and elimination of TB in Kenya; however, it remains one of the top infectious diseases causing death. Under the End TB Strategy, there are ambitious, yet feasible global targets proposed for 2035. These include achieving a 95% decline in deaths due to tuberculosis compared with 2015 baseline and reaching an equivalent 90% reduction in tuberculosis incidence rate.

Kenya remains a high burden country for TB. An estimated 147,000 people fell ill with TB in 2019 yet only 86,385 were diagnosed, treated and notified to the national TB program (Annual report 2019).

According to the Kenya Tuberculosis Prevalence Survey of 2016, the TB prevalence rate in the country stood at 426 per 100,000 populations and nearly 40% were missed from treatment. The aspiration of the Ministry of Health is to reduce the detection gap by ensuring that all people with TB have access to diagnostic TB services, high levels of quality care and TB prevention in the general population.

Finding the missing cases is critical to eliminating TB because they actively contribute to transmitting the disease to others. Robust efforts to find missing people with TB through implementation of active case finding in high volume facilities across the country, targeted community screening outreaches, contact investigation and implementation of innovative strategic initiatives such as pay for performance and private sector engagement have been put in place. This has also been made possible through financial and technical support by GOK, Global Fund, AMREF, USAID and WHO.

Further, the NSP (National TB Strategic Plan 2019-2023) highlights that provision of UHC essential benefit package provides financing of health promotion, prevention and community health services which could serve to provide resources required to find missing TB cases.

Funding and finding missing cases will be in line with SDG goals as well as build into the End TB strategy of reducing TB deaths and incidence and achieve TB elimination by 2035.

Methodology

This policy brief was informed by findings from the National Health Accounts (NHA) 2021 for Financial Years 2016/17 to 2018/19, as evidence from other health sector documents that has assessed health sector performance. Publications on access to health services were also used to collaborate the findings. The Kenya National Health Accounts (NHA) estimation was undertaken in order to track the flow of funds to the health sector.

Results/Findings

Health expenditures related to TB have declined by 12% percent, from KSh 10.4 billion (USD 101.6 Million) in 2016/17 to KSh 9.2 billion (USD 90.6 million) in 2018/19. The proportion of Total Health Expenditure for TB as a percent of Total Health Expenditure declined from 2.4 percent in 2016/17 to 1.8 percent by 2018/19 while THETB averaged at 0.1 percent of GDP in the review period, as shown in the table 1 below.

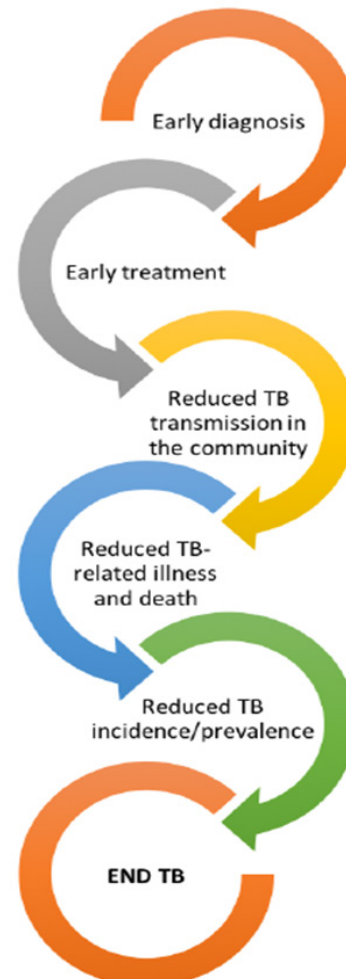


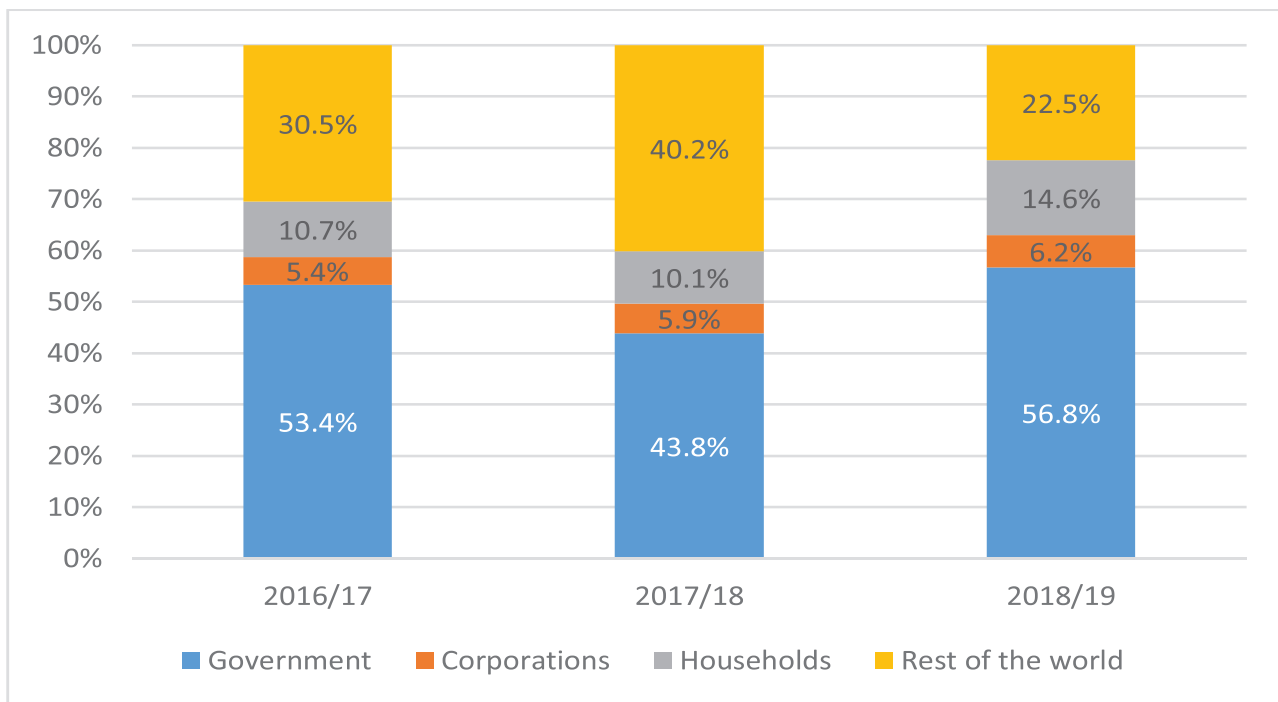
Table 1: Summary of TB health-related expenditures for 2016/17 to 2018/19

Indicators	2016/17	2017/18	2018/19
Total Health Expenditure on Tuberculosis (THE _{TB}) (KSh)	10,405,863,983	12,909,537,291	9,172,790,381
Current Health Expenditure (CHE) (KSh)	7,912,018,045	10,364,940,668	7,874,286,089
Capital Formation (HK) (KSh)	2,493,845,938	2,544,596,623	1,298,504,292
Total Health Expenditure on Tuberculosis (THE _{TB}) (USD)	101,563,099	126,094,615	90,684,846
THE _{TB} as a % of THE	2.4%	2.9%	1.8%
THE _{TB} as a % of nominal GDP	0.1%	0.2%	0.1%

Revenues to finance TB come from three major sources namely the government, households and donors (Rest of the World). The government was the major financier of TB at 56.8 percent of THE in 2018/19, an increase from 53.4 percent in 2016/17. Households contribution to TB increased from 10.7 percent in 2016/17 to 14.6 percent in 2018/19.

Findings from the NHA show declining donor support from 40.2 percent in 2017/18 to 22.5 percent by 2018/19 as presented in Figure 1 below. Corporations account for the remaining 6 percent in 2018/19.

Figure 1: Institutional Units Providing Revenues for Financing Schemes, THE_{TB}



TB activities, both programmatic and commodities, are heavily donor dependent. Donors have supported TB identification for both drug sensitive and multidrug resistant (MDR-TB) in the country by testing through GENEXPERT testing. This has been done through purchase of testing cartridges, through AMREF, USAID and GF.

Finding the missing cases is critical to eliminating TB because they actively contribute to transmitting the disease to others .

Recommendations

- There is need to gradually increase resources mobilized domestically to reduce reliance on declining donor support.
- There is need for the government to step up funding for missing TB cases to put them on treatment.
- The country needs to provide the required resources at par with Global community of meeting End TB Strategy targets by 2035 namely;
 - Reduce mortality by 95%
 - Reduce incidence by 90%
 - Zero families suffering caters tropic costs due illness of TB disease, as compared to 2015 baseline.

References

1. Ministry of Health, Kenya Tuberculosis Prevalence Survey, 2016
2. World Health Organization, The End TB Strategy 2016 – 2035
3. Ministry of Health, Annual Report, 2019
4. Ministry of Health, Kenya National Health Accounts 2016/17-2018/19.
5. Ministry of Health. 2021. Kenya National Health Accounts 2016/17 – 2018/19. Nairobi, Kenya, Government of Kenya.

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