Enhancing Access to TB Diagnostic Services through Rollout of Truenat MTB/RIF Assay in Marginalized Regions in Kenya

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Context

Empowering marginalized communities with TB was envisaged by the national vaccination system in 2020. One of the most glaring gaps in TB detection and management currently is the lack of timely and affordable diagnostic tools. In 2021, the WHO endorsed Truenat® and its rapid point-of-care diagnostic tests to be used in combination with molecular tests to detect TB bacilli, and it is the only rapid test approved by the WHO. This has transformed TB diagnostic services in the country, with only 30% of sub-county hospitals covered against a target of 100%. Previously, TB diagnostic tools have been rolled out with limited critical gaps identified, including training, deployment, and coordinated sample referral systems. The introduction of Truenat® has been geared towards ensuring an equal chance to get mWRDs across the eligible facilities in the country.

Activity Impact

To improve access to TB diagnostic services in marginalized communities is a critical component of the Global Plan to End TB 2023-2030. Through the implementing partner (iNTP) Center for Health Solution-Kenya (CHS)-USAID Tuberculosis Accelerated Response and Care activity (TB ARC II) through the United States Agency for International Development (USAID) contract, CHS is working with collaborating partners (see Appendix) to implement the Truenat® roll-out project in four counties in marginalised areas of Kenya.

The Ministry of Health, through DNTLD-P, took the lead in planning and coordination to help design the implementation. The USAID and STP collaborated to fund USAID TB program officers and partners on the new tools, followed by county staff, sub-county, superusers, and end-users from the target facilities. The instruments were installed and the introducing new tools project (iNTP) was fabricated to prepare the end-users for the new tools.

Evidence

Diagnosis of TB is critical to ensuring that patients receive adequate treatment and are not misdiagnosed. The iNTP secretariat coordination and support that ensured remapping and redesigning of the county sample referral networks to accommodate the new diagnostic tools, which led to improved access, test coverage, and improved case detection in the country.

Facilitators

- The iNTP secretariat coordination and support that ensured remapping and redesigning of the county sample referral networks to accommodate the new diagnostic tools, which led to improved access, test coverage, and improved case detection in the country.
- The technical support from USAID TB ARC II and DNTLD-P.
- The use of a local connectivity solution (Tibulims) for dispatch of results to clinicians via Email and SMS has helped to bridge the gap on laboratory-clinic collaboration.

Lessons Learned

- Communication with various key stakeholders to ensure buy-in, support, and engagement.
- The use of a diagnostic Network Epidemiology (DNEP) plan to identify key facilities in each county.
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