



# Kenya

Moi University School of Medicine  
Moi Teaching and Referral Hospital  
USAID AMPATH Partnership

**Kenya is 13th on the list of the highest burden TB countries.** TB care is free, but access to TB diagnostic testing is not. Registration for care even at the most peripheral level of the health care system, -the dispensary, is 100 Kenyan Shillings - equivalent to one day's pay for most of the local population. For patients with cough, the decision to spend an entire day's pay and the time off work or away from home chores to seek care is rarely taken.

Moi University School of Medicine, Moi Teaching and Referral Hospital and the USAID Academic Model Providing Access To Healthcare (AMPATH) Partnership are located in Eldoret, the fifth largest city in Kenya located in the country's western highlands. Together, they serve the health care needs of over 3 million people. With the support of TB Reach, AMPATH is bringing diagnosis to those in need.

For five years, AMPATH has been implementing a cough monitor program designed to overcome the cost barrier that keeps patients from pursuing TB screening. Lay individuals are trained in community sensitization; cough questionnaire administration and sputum collection. These cough monitors work in their own communities, screening symptomatic individuals, transporting sputum samples to national smear microscopy centers and linking smear positive patients to care – all at no cost to the patient. Now, under TB REACH, the cough monitor program has expanded to over 200 health facilities. The program has two goals: early diagnosis and interrupting community transmission through early diagnosis and treatment. TB REACH also assists in rebuilding crumbling infrastructure, supplying microscopes, enabling lab repairs, hiring microscopy technicians and re-establishing supply chains.

Moving beyond the traditional emphasis on smear positive patients, the TB REACH-Eldoret project has established two programs to address smear negative patients as well. Three GeneXpert laboratories have been established at district or sub district hospital sites with motor-bike transfer of specimens from surrounding facilities. Rapid diagnosis in rural health facilities is now feasible. A similar model of sputum transport is also being used to access the TB lab culture facility at Moi Teaching and Referral hospital for the urban and suburban slum areas it serves.

Finally, TB REACH-Eldoret is looking for the truly forgotten in the TB epidemic – children. Most at risk are the children under five years of age living in households of smear positive patients. If a family cannot afford registration for care for an adult illness, how could they afford to pay for screening of presumably healthy children? TB REACH-Eldoret has established a child tracker program to register all children living in a smear positive household, establishing for the first time in Kenya the large numbers of children at risk for TB. After being identified, each child aged five and under is supplied with a screening package through TB REACH. The package covers: the cost of transport for the child and a parent, the registration fee, a chest radiograph and a physical exam. Children diagnosed with TB start treatment; the rest begin isoniazid preventive therapy.

The Aim of TB Reach-Eldoret is to provide universal access to reliable TB diagnostics and make Kenya TB free.



Rapid diagnosis in rural health facilities is now feasible

**Stop TB Partnership**  
**TB REACH**



## FINDING AND TREATING PEOPLE WITH TB IN THE WORLD'S POOREST COMMUNITIES

# TB REACH

**The first wave of projects  
increased case detection  
by an average of 26%  
compared to  
the previous year**

More than nine million people around the world become ill with tuberculosis (TB) each year. About one-third of them fail to get an accurate diagnosis or effective treatment and are more likely to die from this curable disease.

By supporting the many partners working in the field, TB REACH offers a lifeline to people among this missing 3 million by finding and treating people in the poorest, most vulnerable communities in the world. In areas with limited or non-existent TB care, TB REACH supports innovative and effective techniques to find people with TB quickly, avert deaths, stop TB from spreading, and halt the development of drug resistant strains.

- TB REACH was launched in 2010 and will run until 2016, thanks to a CAD\$ 120 million grant from the Canadian International Development Agency.
- TB REACH is committed to getting funds to our partners with a very short turnaround time.
- TB REACH has committed nearly \$50 million to partners working on 75 projects in 36 countries covering a wide range of interventions.
- Preliminary analysis from Wave 1 shows that efforts of partners led to an increase of 26% in TB case detection over an area of 100 million people, while some areas saw increases of more than 100%. The average cost per person covered is US \$0.15.

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**Stop TB Partnership**  
**TB REACH**