

Results of
a global
civil-society
led survey

Virtual Launch

The Impact of COVID-19 on the TB Epidemic: A Community Perspective

The Virtual Launch will be available in English with simultaneous translation in French, Spanish and Russian

15 September 2020
13:00-14:30 GMT/London
[your timezone]

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ACTION

Global Coalition
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global TB
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UNITED NATIONS
World Health Organization

results

Stop TB Partnership
Community Delegation

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TB PEOPLE

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Weekly Newsletter

September 2020, Issue 3

Announcement

- Lung Union Conference September 21, 2020
- Global Fund, Non State Actors Meeting September 21, 2020,

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The Impact of COVID-19 on the TB Epidemic: A Community Perspective-Global Report Launch

Key Findings

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

68%
US

88%
GFIC

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.

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Stop TB

Thematic Report Findings

Tuberculosis (TB) is the world's leading infectious disease killing approximately 1.5 million people each year. The COVID-19 pandemic has exacerbated the negative impacts on people affected and infected by TB as well as TB programs around the world. To understand the impact, 10 diverse global networks including KANCO involved in the Tuberculosis (TB) response carried out a survey collecting voices from the ground affected by TB (including people with TB, healthcare workers, policy makers, civil societies and researchers) and launched the report dubbed "[The Impact of COVID-19 on the TB Epidemic: A Community Perspective](#)" on May 26, 2020.

The report findings highlighted Substantial disruptions in TB care during the pandemic increasing mortality from the disease. The findings involving about 1000 respondents indicated a more than 70% decrease in the number of people coming to health facilities for TB testing; significant drops in tuberculosis notification: 88% in Global Fund supported countries, 68% in the USA. Further in Kenya, 50% of people with TB reported having trouble finding transport to care while in India, 36% of people with TB reported

the health facilities they normally visit as closed. Further, in Kenya 70% of respondents reported not receiving enough support amid the pandemic.

The report further highlighted some key barrier to access to services including difficulty finding transport to access TB care, changes in TB services, and fear of contracting COVID-19 during a healthcare visit. People also reported increased stigma linked to public coughing and other respiratory symptoms. The reports also highlighted major gaps in the health systems, citing the need for increased investment for health.

Addressing the participants in the virtual launch, Rahab Mwaniki the Campaigns Manager at KANCO called on the government of Kenya to develop a national TB policy as well as fully implement national and international commitments to end TB, strengthen social protection, and improve and invest in community-based, people-centered TB care.

The Kenya report will be launched on the 25th of September 2020

Key Findings

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 mis-information 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.

Misinformation
STIGMA
No Human Rights
FEAR

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.



Key Findings

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.

36% US
69% GFC

62% US
48% GFC

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.



Key Findings

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.





Results Report 2020

The Global Fund released its [Results Report 2020](#) for 2019 on 14 September 2020. From the report, the Global Fund partnership has saved 38 million lives since 2002, and saved 6 million lives in 2019 – a 20% increase over the previous year. In 2019, 20.1 million people received lifesaving; antiretroviral therapy for HIV, 5.7 million treatment for tuberculosis and 160 million mosquito nets distributed to protect nearly 320 million people from malaria in 2019.

Key Results: HIV-2019

- 133 million HIV tests taken; HIV-positive people with knowledge of their status increased from 71% in 2015 to 82% in 2019. Global target: 90% by 2020
- 20.1 million People on antiretroviral therapy for HIV. Coverage increased from 48% in 2015 to 67% in 2019. Global target: 81% by 2020.
- People living with HIV with suppressed viral load increased 41% in 2015 to 59% in 2019. Global target: 73% by 2020.
- 718,000 HIV-positive mothers received medicine to keep them alive and prevent transmitting HIV to their babies in 2019; coverage increased from 44% in 2010 to 85% in 2019. Global target: 100% by 2020.

Key Results for TB-2019

- 5.7 million people treated for TB in 2019. TB treatment coverage increased from 48% in 2010 to 65% in 2018, and the TB treatment success rate reached 85% in 2017. Global targets for coverage and treatment success rates: 90% by 2025.
- 125,000 people on treatment for multidrug resistant TB in 2019; treatment coverage reached 38% in 2018 and MDR-TB treatment success rate increased from 51% in 2010 to 57% in 2016. Global targets: 90% MDR-TB treatment coverage and success by 2030.
- 6,107 people with extensively-drug resistant TB on treatment in 2019.
- 315,000 HIV-positive TB patients on antiretroviral therapy during TB treatment in 2019; coverage of ARVs in HIV-positive TB patients increased from 45% in 2010 to 88% in 2018

Results for Malaria

- 160 million mosquito nets distributed to protect more than 320 million people – mainly children – from malaria for the next three years.
- 11 million pregnant women received preventative therapy and 8 million structures covered by indoor residual spraying.
- 243 million suspected cases tested for malaria.
- 124 million cases of malaria treated.

Impact of Covid-19 on the health Response

The report projects: AIDS-related deaths could double in the next year and about 525,000 TB deaths – eliminating over 10 years of hard-won gains, setting the world back over 20 years. Consequently, since March 2020, the Global Fund has approved more than US\$700 million to 103 countries and 11 multi-country programs to fight COVID-19 through increased testing and tracing and protection for front-line health workers; adapt existing HIV, TB and malaria programs to protect progress; and reinforce systems for health so they don't collapse and they are prepared to roll out COVID-19 treatments and vaccines once available.

North to South Collaborations for TB Advocacy during and beyond Covid-19



Photo courtesy

The RESULTS National Conference 2020 was held on 12th September 2020, convened by Results UK under theme **“Hopeful campaigning in challenging times”**. The forum brought together delegates working in health, education and economic campaigns from across the UK. Rahab Mwaniki, Campaigns Manager KANCO, was invited to speak on the: **‘Global perspectives on campaigning during COVID’**.

Over the last year, RESULTS UK campaign areas have revolved around improving access to global health, under the “Health for All” campaign (fighting infectious diseases, improving access to immunisation, nutrition and promoting health system strengthening), ‘Education for All’, or, improving access to global education, and supporting the UK’s contribution to Overseas Development Assistance.

The discussion revolved around effective advocacy work and how to invoke global solidarity, how to measure success in campaigns as well as how to address the specific barriers to advocacy brought about by COVID-19 including socio-economic factors, lock-down, etc.

Continued engagement through the grassroots model to support health campaigns

Taking place concurrently, the RESULTS US National Webinar attended by grassroots advocates from across the US focused on the impact of COVID on TB services in Kenya and the

efforts being made to adapt and restore programs to meet peoples needs. Making her presentation, Ms. Mwaniki noted that, in Kenya, a comparison of the period between January and May in 2019 and 2020, highlighted a 9% drop of Drug Susceptibility Tuberculosis Case Notification (DSTB). Pediatrics TB cases dropped from 9.9% to 9.1% during the same period of reporting. This is due to the lock down and containment measures that had been put in place by the Government of Kenya after the first COVID 19 case was reported in March 2020. A number of TB patients were also not able to access nutritious food which affected their treatment adherences.

Additional Financing for TB, HIV and Malaria by the Global Fund

Kenya over the years has been one of the recipients of the Global Fund grants to support in HIV, TB and Malaria programme implementation. Ms. Mwaniki noted that in order to support continuity of access to health services in the 3 diseases GF has provided an additional grant USD 41.6 Million for mitigation against COVID 19 – of which USD 5.9M was from the grant flexibility. She added that currently there are drug stock out which are being experienced at the lower levels of health facilities and include septrin and pyrazimide for treating Tuberculosis. Hopefully the Government of Kenya will address this issue soon.

Stakeholders Consultative Meeting on Sexual and Reproductive Health and Rights



Stakeholders during a session at the SRHR forum

On the 16th and 17th September, KANCO joined County Health Committee members community leaders and other stakeholders in Mombasa County, for a consultative meeting on sexual and Reproductive Health and Rights hosted by Economic and Social Rights Center (Hakijamii). The meeting sought to develop a Memorandum of Understanding (MOU) on emerging SRHR issues. The two day forum facilitated discussions on the challenges and opportunities in SRHR in the county as well as reduction of maternal mortality and mobility.

A study by African population and health Research Center (APHRC 2014) highlighted that over 40% of pregnancies in Kenya are unintended. Further over half of sexually active young women in developing countries face an unmet need for modern contraception. Other challenges highlighted from the discussions included; Menstrual hygiene management challenges, , raising number of female drug users, raising number of SGBV (rape, intimate partner

Challenges in accessing contraceptives, rising number of unwanted pregnancies and unsafe abortions.

Ms. Betty, Executive Director Coastal Women, sharing on policy and advocacy opportunities in SRHR in the country, noted that Kenya embraces certain human rights that are recognized in national laws, international human rights documents and other relevant United Nations consensus documents. Some of the National Guidelines include the, Kenya Aids Strategic Framework 2014/2015, 2018/2019 and the Kenya fast-track plan to end HIV/AIDs among adolescents 2018. She however noted the county lacks one stop facility to obtain integrated services where victims of SGBV can report complaints, get examined and treated as well as receive emergency contraceptives, obtain STI and HIV tests. The discussion helped identify current gaps in SRHR that helped develop the MOU to guide stakeholders engagements



35 YEARS OF HIV & AIDS MANAGEMENT IN KENYA



Our Journey in the HIV and Disease Response

“If you want to walk fast, walk alone, but if you want to go far walk with others”. This was the spirit of the Kenya AIDS NGOs Consortium (KANCO) at its formative stage, and has been its driving force ever since.

Growing from seven (7) to the current over 1200 organisational members, the visionaries of the consortium understood the power of walking together and projecting a unanimous voice on matters health, when HIV and AIDS was a death sentence.

As Kenya marks 35 years of HIV response, KANCO is proud to have been part of the journey and for being an influential contributor to the progress we see today. This has been through policy and advocacy, capacity building for communities and organisations based at both the national and county level.

We have also been keen on knowledge management, research and analysis, to influence direction by working with decision and policy makers at various levels. KANCO has also all along worked closely with communities and individuals infected and affected by HIV and AIDS, who have in turn provided advocacy support to access treatment, including ARVs in Kenya.

Over the years, KANCO has played a critical role in creating linkages between communities, the government and development partners. The role has gradually gained recognition nationally, regionally and globally. This has seen KANCO receive multiple awards and accolades, including the Head of State’s Commendation by the former president H.E Mwai Kibaki, in honour of the work of the consortium Director, Mr Allan Ragi.

KANCO was further awarded the 2005 Gold Medal Award from the Geneva-based Foundation for Excellence in Business Practice, as well as the Titans award in 2017, among others.

Through the years, KANCO’s concerted efforts in advocacy have influenced and shaped policies around HIV prevention, transmission and treatment, focusing on general and key populations, who continue to bear the brunt of the scourge.

KANCO continued to evolve, growing into a health advocacy thought leader, not just in the HIV response, but also in Tuberculosis, Malaria, and Immunization, early childhood development,



Marking World AIDS Day 2019 in Kakamega County. KANCO supported 10 counties to mark the day.

nutrition and public health. This has seen KANCO work with multiple funding agencies, including the GFATM, GAVI the Vaccine Alliance, USAID, PEP-FAR, CDC, WHO, CHS, Amref Health Africa, Kenya Red Cross, ACTION, RESULTS, among other.

Through these partnerships, KANCO has carved its niche, working on four key areas: Policy Advocacy, Community Systems Strengthening, Institutional System Strengthening and Research and Documentation.

Policy Advocacy

In terms of policy advocacy, KANCO was instrumental in the initiation and signing of the first Sessional Paper Number 4 of 1997 on AIDS in Kenya, that brought landmark changes to the HIV and AIDS Response.

The adoption and subsequent dissemination and advocacy around its proposed tenets led to the declaration of HIV as a national disaster in Kenya by the then President Daniel Moi in 1999.

The policy paper also culminated in the establishment of the National AIDS Control Council (NACC), the Cabinet Sub-Committee on HIV and AIDS as well as the HIV Prevention and Control Act of 2006.

This was a great milestone that set KANCO in motion for health policy advocacy, while working with in partner-

ship with policy makers, opinion leaders, civil society organisations and multilateral agencies, working towards the realisation of its vision of **healthy people and empowered communities**. This would over the years see KANCO champion multiple policy reforms with the results in increased and improved access to prevention, treatment and care services for people with HIV and high risk populations.

KANCO was instrumental in the establishment of the Parliamentary TB Caucus that support advocacy on increased investments and accountability on Tuberculosis nationally and globally. Other polices include, but are not limited to, the East African Community Regional Policy on Prevention, Management and Control of Alcohol, Drugs and other Substance Use.

According to the 2018 Kenya HIV estimates, there have been approximately 635,500 AIDS deaths averted since the scale up of ART began in 2004 through to 2017. Further, people with HIV are living longer due to the availability of treatment.

Community systems strengthening

On Community systems strengthening, KANCO has nurtured thousands of community organisations in Kenya and beyond, for effective and sustained disease responses, TB-HIV and health advocacy, through capacity building, mentorship and linkages.

KANCO has further extended its influence in the region, working closely with regional and multilateral bodies, including but not limited to the EAC, GFATM, GAVI the Vaccine Alliance, UN-AIDS, WHO, African Union and at the Global level through the partnerships with bodies like the ACTION Global Health Partnership, to address health and social issues affecting communities.

KANCO ensures that the experiences, discussions and decision at these levels are linked to the communities and other stakeholders in efforts to move rhetoric to action.

The first response to community systems strengthening was information sharing with communities to empower them on HIV and AIDS and help them respond. There were glaring information gaps, coupled with the myths and misconceptions around the then silent killer, known as AIDS, regardless of the stage. KANCO led a team of experts to seek clarity from the WHO on what HIV was, the modes of transmission, prevention and community redress.

Consequently, KANCO was the first to set a resource centre for HIV and AIDS, which provided a space to learn, share and disseminate related information around the country. KANCO would be instrumental in the stigma redress, and strengthening the voice of the communities with HIV and AIDS as the common bond where communities were either infected or affected, thus the need for a concerted response.

KANCO has also been instrumental in the formation of regional organisations such as EANNASO, HENNET to enhance the national and regional HIV response. In the early years when the youth were disillusioned, KANCO also formed the Ray Project that helped young people to come together, share and learn through creative art, giving them a sense of hope and purpose and redefining the lives of some completely. As one youth, currently a journalist, stated during a visit to KANCO, “I am who I am because of KANCO”.

Institutional Systems Strengthening

As an organisation, KANCO has been keen on institutional systems strengthening. This has necessitated innovation and introspection to help build an organisation that is responsive to the communities we represent.

The innovations have been around technological evolution to enhance information sharing on HIV and AIDS and other illnesses such as TB, Malaria, Child health, and Nutrition, among others.

Part of the innovation has been the KANCO programme model informed by the theory of change, that guides on

stakeholder engagements. The grassroots model of advocacy has been instrumental in achieving our objectives. Innovations have also been around unchartered territories such as programming for key populations, including people who inject drugs, men who have sex with men, sex workers, among others, that saw the establishment of the Drop in Centre models where they could receive targeted and integrated health services.

KANCO has also been a leader in programming with a keen interest in the HIV response in places where the HIV epidemic has largely remained silent, due to the legal and environment challenges.

In line with this, KANCO implemented the regional HIV and harm reduction project, championed the Needle and Syringe Programme for people who inject drugs, and continues to have targeted programmes for key populations, in recognition that they are disproportionately affected by the HIV epidemic. KANCO was also among the pioneers of the Prevention of Mother to Child (PMTCT) programming.

Towards **strengthening health systems and communities for an effective response**, KANCO, through its vibrant network of partners, has substantially enhanced the capacity of health focused organisations responding to HIV, HIV-TB and other public health issues such as immunization and early childhood development. This has positioned its CSO members for funding through improved programmatic and financial systems. Building advocacy champions gave face and voice to both the affected and infected as the communities. This has kept the fight going on towards access to treatment and the push to achieve the 90:90:90 strategy.

Research and Documentation

At the heart of KANCO’s programming is research and documentation. The documentation culture is integrated in all programmes with an organisational mantra, “if it was not documented, it never happened”.

Documentation and research have been critical in analysing trends and informing not just our HIV response programme designs, but also in informing and supporting evidence based policy advocacy.

Through the years, we have drawn valuable lessons that collaboration and partnership gives us influence. With the advent of the Covid-19 pandemic, we can draw critical lessons from the HIV response that we must be ready to learn, empower people, invest in health and leave no one behind.

We must be deliberate in creating room for communities to lead the response as community problems have community solutions. Citizens must arise and hold governments accountable for health commitments, and governments must be deliberate in listening to their people and acting in their interest for us to end AIDS by 2030, and related health challenges, currently exacerbated by the pandemic.



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