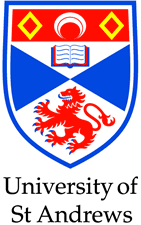
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**Ministry of Health**

**Department of Health Policy & Research**

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**SOLUTIONS TO HEALTH SYSTEM BARRIERS ON OPTIMUM UPTAKE OF DIAGNOSTIC AND TREATMENT TOOLS IN KENYA**

**Background**

Tuberculosis (TB) is a disease of public health importance. Over 40% of TB in Kenya remains undetected, with 75% of identified cases with drug resistant TB not laboratory confirmed. It is therefore important to determine barriers that hamper tributaries of TB diagnosis algorithm to achieve absolute treatment success.

New TB diagnostic tools with better detection capabilities are always developed but their uptake still remains selective, whereas the disease is crosscutting

**BARRIERS TO UPTAKE OF TB DIAGNOSTICS**

**Under staffing, centralized service delivery-mainly public health facilities, lack of facility capacity, limited knowledge, donor mentality, exclusion in decision making**

**General lack of knowledge on TB (Disease suspicion index, Product awareness and service demand, stakeholders’ perceptions/views**

**Pathway to care by affected people - seeking initial treatment in inappropriate facilities**

**Distance from services providing TB diagnosis and treatment**

**Health system barriers**

**Situation Analysis barriers**

**Monetary constrains**

**Facility access barriers**

**Key findings**

**Why is there low utilization of new tuberculosis diagnostics?**

* Human resources issues: Under staffing,
* Majority of patients initially seek for treatment in private health facilities however tuberculosis care is done mainly in public health facilities
* Limited public awareness on new TB diagnostics
* Stakeholders’ perceptions there is no sensitization to the general public and health care workers
* Pathway to care by affected people: patients die before diagnosis is done
* Distance from services providing TB diagnosis and treatment

**Do private Health care facilities have diagnostic capability for tuberculosis?**

* Centralized TB services mainly in public health hospitals (where patients go when everything else has failed).
* Unavailability of TB diagnosis and treatment services since tuberculosis care is free.
* Disease suspicion index is low among clinician.

**Who decides which and where tuberculosis diagnostics are placed?**

* Limited stakeholder (Public and staff) involvement in decision making

**What are the solutions to improve the uptake of necessary medical tools in Kenya?**

* **Knowledge empowerment** through public awareness campaigns on equipment availability and training of staff both to improve disease suspicion index and equipment utilization to increase demand.
* **Infrastructure** improvement to accommodate additional diagnostic tools and maintenance program
* **Increase budget allocation** – National and County for tuberculosis management and research
* **Research** to explore the perception of stakeholders that will encourage buy-in

**Conclusion and policy recommendations**

* Increase national tuberculosis budgetary allocations to give health financial empowerment.
* Increase the involvement of stakeholders in the decision making process and planning.
* Encompass tuberculosis diagnosis and management in the local private health facilities.
* Create tuberculosis awareness in the public domain and the health sector.