

Training on Use of Data to Improve Public Health Outcomes



International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor

BACKGROUND

The Government of Kenya has a vision to reduce the burden of lung disease in Kenya and render the country free of TB and leprosy. However, with the passing of the constitution in 2010, responsibility for public health initiatives falls to 47 newly formed counties.

TB IN KENYA

TB prevalence

558

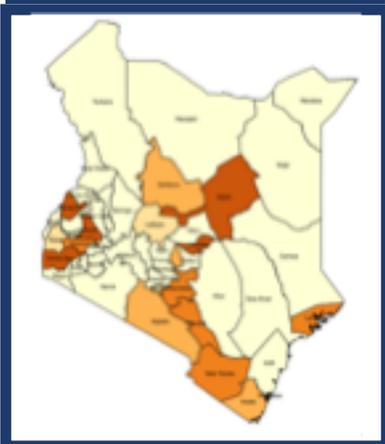
per 100,000 people

40%

of TB cases remain
undetected and untreated

Kenya Tuberculosis Prevalence Survey 2016

COUNTIES TRAINED BY THE UNION



THE PROBLEM

The 2016 prevalence survey showed that the TB burden in Kenya is higher than previously thought; 40% of TB cases remain undetected and untreated. To respond to the call to action, finding the missing TB cases, the National Tuberculosis and Leprosy Department (NTLD) identified the need for high-quality training to help TB coordinators better use data to identify priority areas, develop effective interventions, and set achievable targets at facility and sub-county level.

THE UNION APPROACH

Based upon our *Principles of Management in Tuberculosis Care and Prevention*, The Union developed a sustainable, cost-effective training program specific to the needs of Kenya.

The seven-day **Principles of Tuberculosis Care and Prevention in**

Kenya: Translating Knowledge to Action curriculum includes:

- Pre-work assigned to all county coordinators
- Classroom sessions led by faculty familiar with TB in Kenya
- Two-day field practicum
- Development of county-specific action plans
- Post-course follow up

(Sub-)County coordinators bring data about the local TB burden to the training. Classroom sessions focus on TB care and prevention and the use of TB data as the basis for support supervision. Field practicals to public health facilities give trainees the opportunity to validate data from the electronic surveillance system, perform data-analysis with staff, and develop an action plan. Participants present their action plan and receive feedback from participants and faculty. Final action plans include key indicators and set targets for each coordinator and their respective area.

THE RESULTS

Since May 2017, 165 attendees, approximately half of all TB coordinators, from 19 counties have been trained and returned to work with a targeted action plan specific to their area and at-risk populations. Data-driven support tools were made available to all coordinators to use for planning and to prepare for quarterly review meetings.

