
KENYA'S PERSPECTIVE ON PREPARING FOR TB VACCINES

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SCOPE



The TB program



The EPI program
preparedness



What needs to happen



THE KENYA NATIONAL TB PROGRAM



MINISTRY OF HEALTH

Country Profile (2025)



Indicator	Performance
Estimated incidence	117,000 (207/100,000 pop)
Case Notifications (DSTB 2025)	90,933
TB Treatment coverage	81%
Case Notifications (DRTB 2025)	816
TB patients facing catastrophic costs	27% (survey 2017)
TB/HIV co-infection	24%
TB Case fatality ratio	5%
Cases attributable to risk factors	
Alcohol	7,880
Diabetes	1,080
HIV	22,087
Smoking	2,431
Undernourishment	13,711



Vision, Mission, Goal - NSP 2023/24-2027/28

Vision Contribute to Kenya's Vision 2030 "to create a globally competitive and prosperous country with a high quality of life" that has zero deaths, disease, and suffering from tuberculosis

Mission	Provide equity of access to cost-effective, quality-assured TB, Leprosy, and Lung health services as close to the family as possible
Goal	End TB and Leprosy by 2030

Mandate



Providing leadership in policy, standards and guidelines development



Resource mobilization for TB, leprosy and lung disease control including TB commodities



Monitoring, evaluation and research in TB control



Advocacy, communication and social mobilization



Partnership and coordination

Impact Targets (2030)

Zero families facing catastrophic costs due to TB, leprosy or lung diseases



Reduce the burden of chronic lung diseases by **20%** compared to 2015



Reduce the proportion of people with leprosy diagnosed with a grade 2 disability to below 5%



Reduce the TB incidence rate by **80%** compared to 2015



Reduce TB deaths by **90%** compared to 2015

TB Coverage Indicator Performance (Target Vs Achieved 2023-2025)

TB (all forms) notified



173,345
160,280 (92%)

TSR (all forms)



90%
88% (98%)

Private sector TB notifications



21%
19% (90%)

TB community referrals



17%
17% (100%)

Access to WRDS



60%
72% (120%)

RR/MDR TB notified



1,886
1,128 (60%)

RR/MDR TB started on second line



100%
100% (100%)

DST-Rifampicin



60%
70% (117%)

RR/MDR TB TSR



84%
82% (98%)

HH on TPT



176,044
80,026 (45%)

TB patients with known HIV status



100%
99% (99%)

TB/HIV ART uptake



100%
95% (95%)

TB notified - Prisoners



1,785
1,519 (85%)

TB TSR - private sector



90%
90% (100%)

1. TSR-Treatment Success Rate
2. WRDS- WHO approved rapid diagnostic tests
3. RR - Rifampicin Resistant

1. DST- Drug Susceptibility Testing
2. HH – House Holds
3. TPT- TB Preventive Therapy

Key Epidemiological Drivers of TB

IK1

Cases attributable to five risk factors ^

Data are for 2024

TB cases attributable to harmful use of alcohol 8.4K (960 - 24K) ■ .ll

TB cases attributable to diabetes 3.8K (1.1K - 8K) ■ .ll

TB cases attributable to HIV 24K (7.5K - 50K) ■ .ll

TB cases attributable to smoking 4.5K (260 - 15K) ■ .ll

TB cases attributable to undernutrition 10K (4.7K - 17K) ■ .ll



TB/HIV Co-infection:

- Major driver of TB incidence
- HIV prevalence increases active TB risk



Social Determinants

- Malnutrition
- Poverty and overcrowding



Gaps in Detection

- Missed/unreported cases
- Delays in diagnosis and treatment

Slide 9

IK1

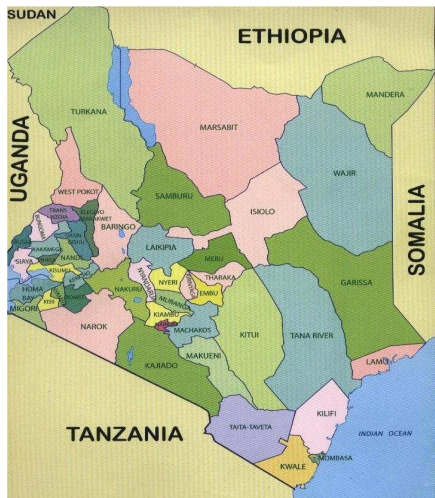
Align this with the Global TB report 2025

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THE EPI PROGRAM PREPAREDNESS

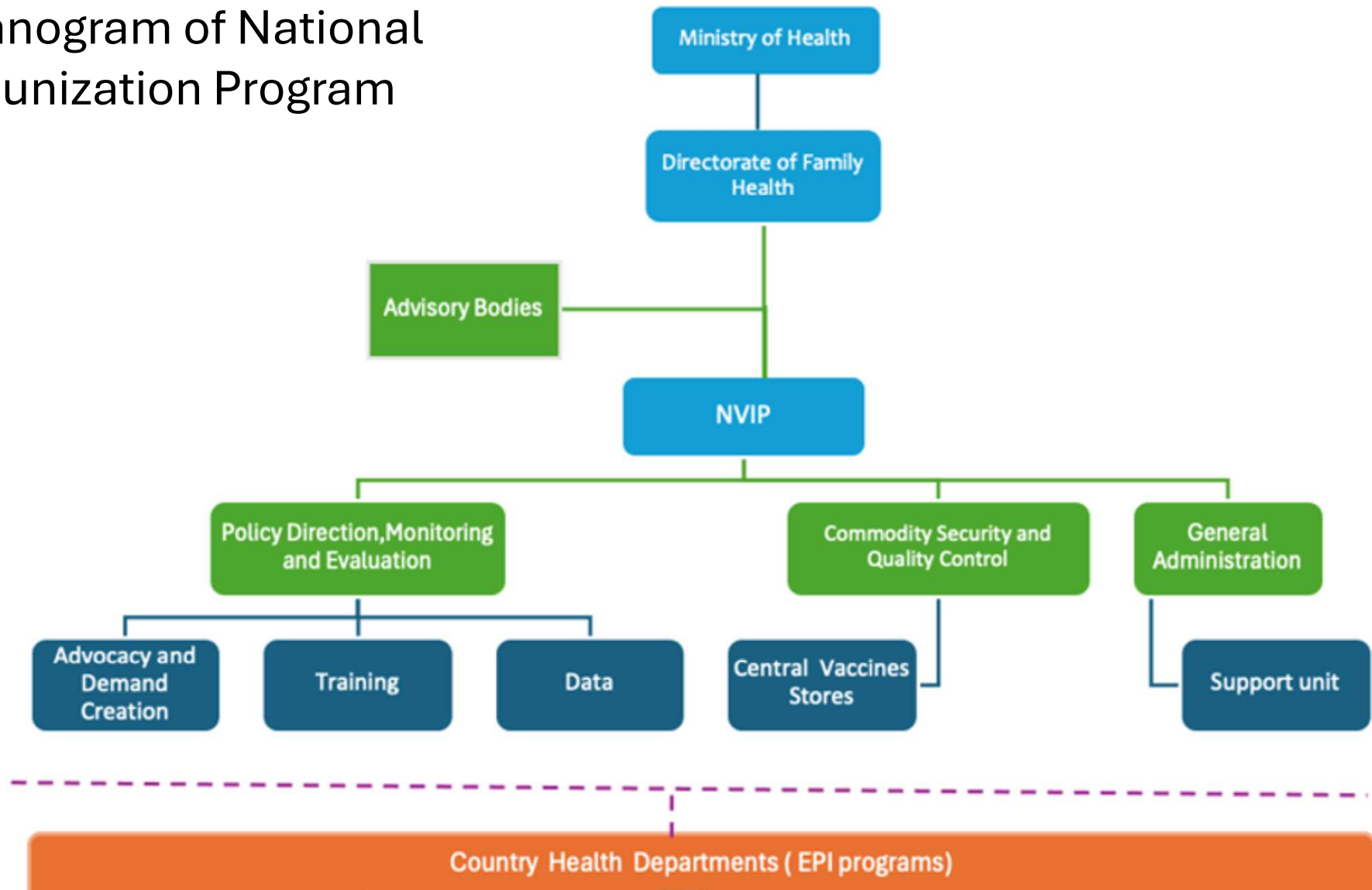


Organization of EPI program Delivery system



1. **Administrative** : 47 Counties Gov. and 1 National Government
2. Population projection 2025: 57 Million
3. Target Population; (<1yr 1.7 Million, <5 yrs 7.4 Million, Pregnant women 1.8 m, HPV , 850,000)
4. Vaccine supplies - through Cold chain linkages of 1CVS, 9RVS, 335 SCVS
5. EPI Facilities - appro. 9000 out of 15,000 HFs
6. Integration with community and surveillance systems

Organogram of National Immunization Program





The Kenya National Immunization Technical Advisory Group (KENITAG) was officially inaugurated in 2015

Framework for decision making on introducing new vaccines

Is it a priority agenda for the country in relation to other diseases?

What is known about the disease

Impact of the intervention

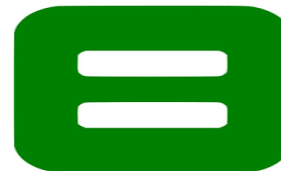
Role of other existing preventive measures

Costs of vaccine

–Is the vaccine fully funded by Governments or there is co funding from Gavi?

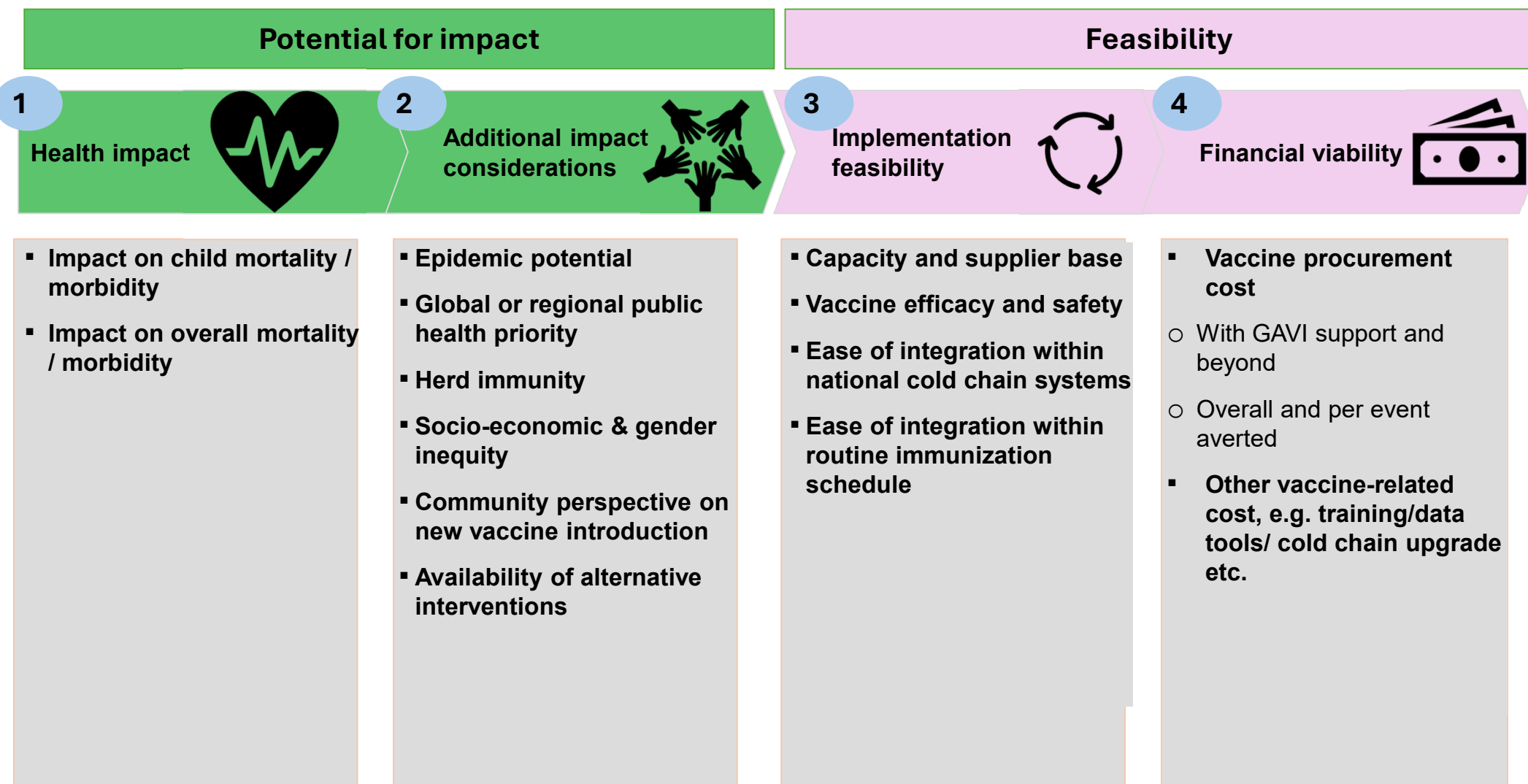
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Community perceptions on existing and proposed vaccine

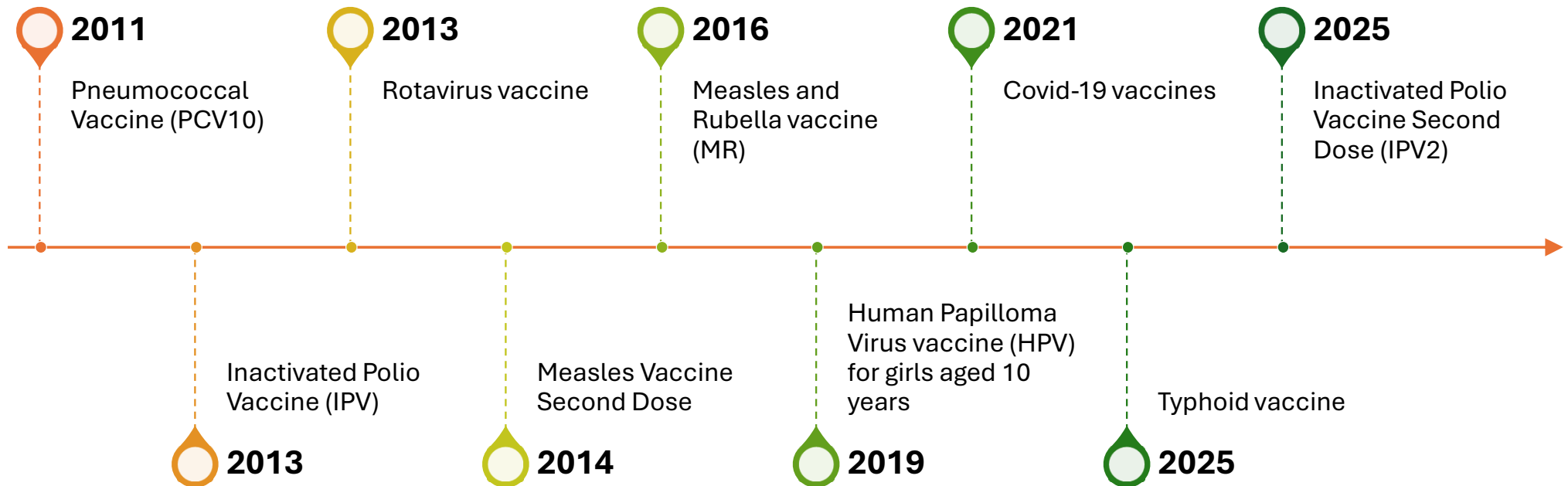


**Evidence
based
decision
making for
new vaccine
introduction**

NVIP criteria framework on new vaccine introduction



Vaccines introduced in the last 10 years



New TB Vaccines: Policy Perspective

Current: BCG Vaccine

- Only TB vaccine currently in use, given at birth or earliest opportunity
- Strong protection against severe childhood TB (e.g., TB meningitis)
- Less consistent protection across all age groups

Future: New TB Vaccines

- Recognized as under development; may become available in coming years
- Introduction guided by KENITAG, National Immunization TWG, and ICC
- Evidence-driven national process, not standalone interventions
- Kenya is a member of the TB Vaccine Accelerator Council

Integration Within TB Control

Complementary to NTP

Works alongside treatment, TPT, and disease surveillance

PHC Integration

Delivered via existing immunization platforms and routine services

Life-Course Approach

Strong consideration for adolescents and other KVPs as initial beneficiaries