



Unpacking GC8 TB guidance - From A Community's Lens

Webinar – 22 April 2026, 11.00 CET



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Reducing equity, human rights, and gender-related barriers to improve access to TB services

Date : 22 April 2026

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Name of the organization : Network of TB champions in Kenya

The Invisible Barriers



Poverty and Financial Distress

Even when TB care is free, patients face the following costs:

Transport to health facilities

Opportunity cost of lost income

Dietary requirements

Child care costs

These costs can drive patients into poverty and cause treatment gaps.

TB is commonly linked to poverty, HIV infection, or “immoral behavior,” resulting in:

Social isolation

Loss of employment

Rejection by family members

Delayed seeking of care

Fear of being stigmatized prevents people from testing or adhering to treatment. Stigma is especially damaging to women, migrants, prisoners, and those infected with HIV.

The lack of availability of TB medicines is a significant challenge in the control of tuberculosis. Attributed to a poor supply chain management system, lack of forecasting, late ordering, lack of funding, and delays in production.

The lack of availability of medicines can lead to a discontinuation of treatment by patients, resulting in the development of resistance, continued transmission, severe disease, and mortality. Stockouts also lead to a loss of confidence in the health system.



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A New Era for TB Control in Kenya



Strategic Shift: Medical to Rights-Based

Global Fund Grant Cycle 7 (GC7): Marks a move away from treating TB as a purely clinical issue.

The New Philosophy: TB is now addressed as a **social and human rights challenge** requiring a person-centered approach.

Evidence-Led: The strategy is rooted in findings from the **TB Community Rights and Gender Assessment**, which highlighted the deep-seated barriers preventing Kenyans from accessing care.

Goal: To achieve Universal Health Coverage (UHC) by making the health system accountable, equitable, and accessible to the most vulnerable.



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The Challenges – 1.Barriers to Equity and Access

Socio-Cultural and Gender Barriers

- Masculinity Norms:** Traditional "strong man" archetypes discourage men from seeking care, leading to late diagnosis and higher mortality.
- Domestic Vulnerabilities:** Women face unique barriers, including limited autonomy and higher risks of domestic exclusion if diagnosed.
- Stigma & Discrimination:** High levels of community and self-stigma lead patients to conceal their status, delaying treatment and fueling transmission.
- Systemic Gaps:** Traditional "blanket" services failed to reach high-risk populations in prisons, informal settlements, and remote workplaces.



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The Challenges – 2.The Economic "Catastrophe"



Financial Barriers to TB Services

- **Catastrophic Costs:** Even when TB medicine is "free," patients incur massive direct non-medical costs (transport, food) and indirect costs (lost wages).
- **Treatment Abandonment:** The economic burden often forces the poorest Kenyans to choose between buying food and finishing their 6-to-18-month treatment.
- **The DR-TB Burden:** Drug-resistant TB (DR-TB) requires longer, more expensive care, often plunging families into deep, generational poverty.



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Responding to the Challenges – Social Protection



Integrating TB into National Health Insurance

- **SHIF Integration:** Under GC7, **Drug-Resistant TB (DR-TB)** patients are being integrated into the **Social Health Insurance Fund (SHIF)**.
- **Sustainable Coverage:** This move shifts the burden from donor-funded projects to a sustainable national social safety net.
- **Benefit:** Ensures that DR-TB patients have comprehensive health cover, reducing the out-of-pocket medical expenses that previously led to treatment failure.



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Responding to the Challenges – Equity in Action



Cash Transfers and Economic Cushioning

- **Targeted Cash Transfers:** Providing direct financial support to the most vulnerable TB patients to offset "catastrophic costs."
- **Logistical Support:** Funds specifically cover **transport to clinics** and **nutritional support**, ensuring patients can stay on treatment.
- **Equity Focus:** Unlike general welfare, these transfers are **TB-specific**, ensuring that the most at-risk individuals are the ones receiving the cushion.
- **Result:** Improved treatment adherence and a significant reduction in the number of patients forced to abandon care due to poverty.



Monitoring and Reaching the "Left Behind"



Accountability and High-Tech Outreach

- **Community-Led Monitoring (CLM):** Institutionalizing the **iMonitor** tool to allow patients to report service gaps and discrimination in real-time.
- **Decentralized Diagnostics:** * **Mobile Digital X-rays:** Bringing screening to workplaces, prisons, and slums.
- **AI-Assisted Screening:** Using artificial intelligence to provide instant, high-accuracy results in remote areas without radiologists.
- **Impact:** A health system that is not only high-tech but also **human-rights compliant** and community-governed.

Support the "Right to Health" for every person, everywhere



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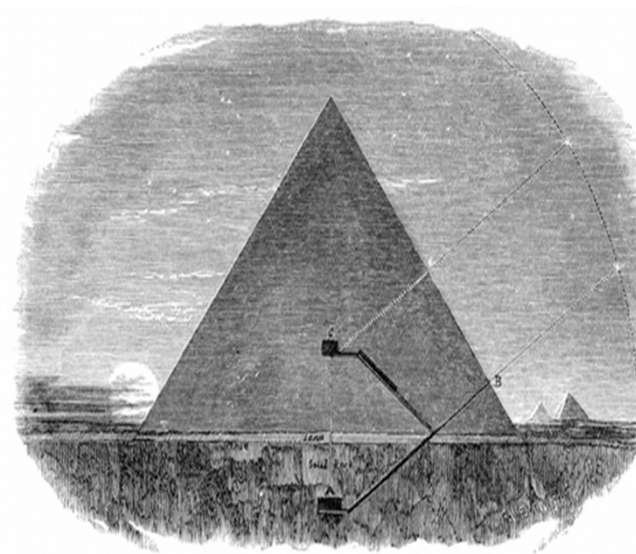
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