

Report on recent activities of the Child and Adolescent TB Working Group

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15th Child and Adolescent TB WG annual meeting, the Hague,
Netherlands

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Outline

- Quick facts update
- WG activities in 2017/2018
- The Child and Adolescent TB Roadmap update-2018/ Best Practices Document/ Research Priorities
- UNHLM- Key commitments relevant to children and adolescents
- The role of WHO and its partners





Quick facts

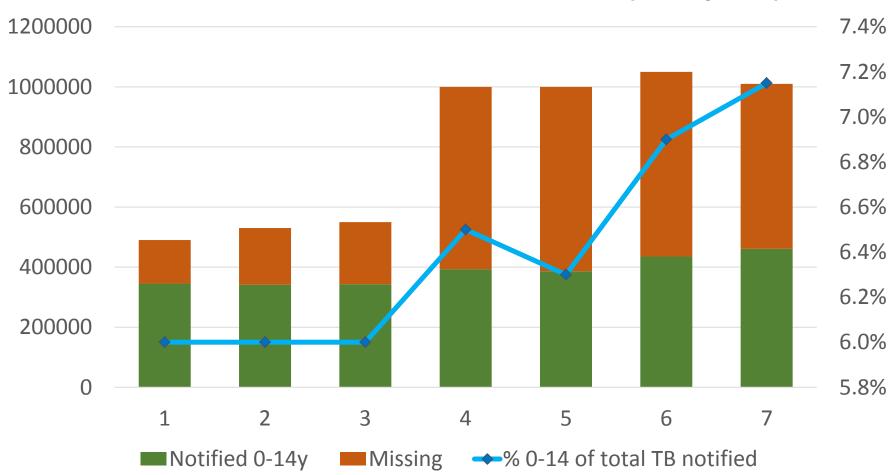
- At least 1 million children (<15y) become ill with TB every year¹ (~527,000 boys and 476,000 girls in 2017), 52% under 5 years of age
- Children represent about 10-11% of all TB cases; higher (15%) in high burden countries.
- In 2017, 233,000 children died of TB including 39,000 TB deaths (17%) among children who were HIV positive¹.
- Mortality rate in children 23% compared to overall 16%
- It is estimated that 67 million children are infected with TB and therefore at risk of developing disease in the future².
- Researchers estimate that 25,000 children develop multi-drug resistant TB every year².
- Data on TB among adolescents (10-19y) cannot be easily analysed as countries report by 0-4, 5-14 years (children) and 15-24 reporting mechanisms need further refinement
 - 1. Global Tuberculosis Report, World Health Organization 2018
 - 2. Dodd P., Sismanidis B., Seddon J., Global burden of drug-resistant tuberculosis in children: a mathematical modelling study. Lancet Inf Dis, 21 June 2016





Progress in child TB case notification

Trends in TB case detection in children (0-14 years)

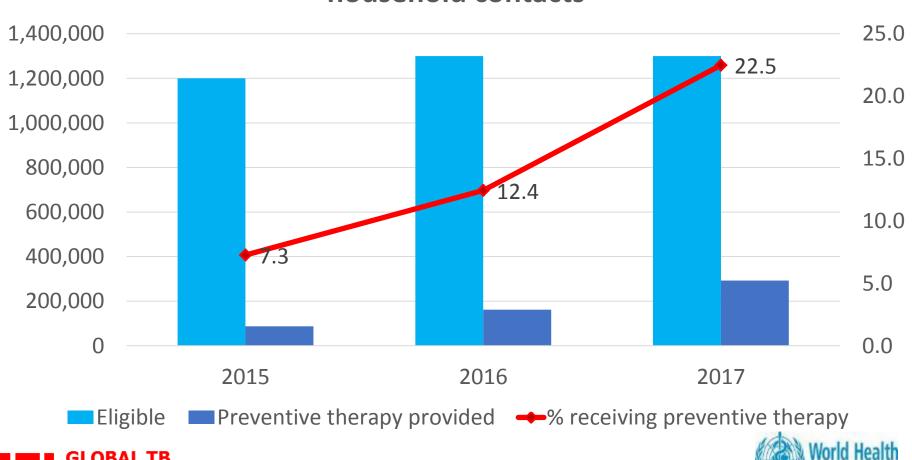






Progress in provision of preventive therapy to household contacts under 5 years of age

Trends in provision of preventive therapy to under-5 household contacts

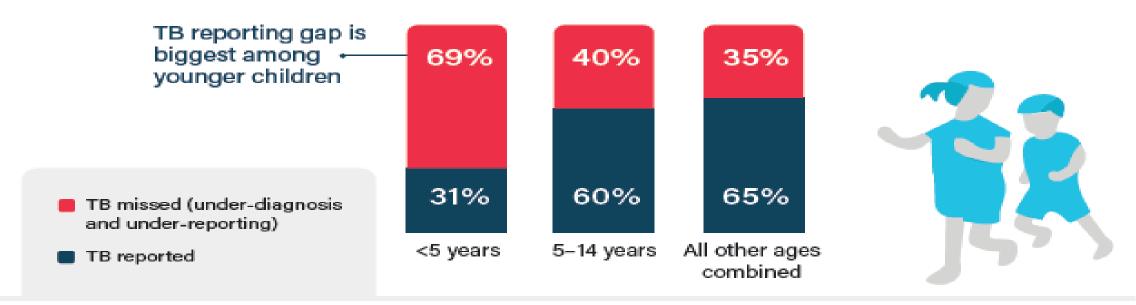


PROGRAMME

The case detection gap









Overall 55% of estimated children with TB (0-14 years) are not reported to national TB programmes



TB can be a cause or co-morbidity of common child illnesses, especially pneumonia and malnutrition. More specific tests are needed to improve diagnosis.

(Oliwa, 2015; Patel and Detjen, 2017)

The prevention gap



Globally in 2017, OVER 75%

(of 1.3 million eligible household contacts under 5 years of age)

did not access preventive therapy



WHO recommends TB prevention including:







In the 158 countries for which data on BCG coverage are available, 120 reported coverage of at least 90% in 2017

Activities of the working group in 2017: Global

- Annual meeting of the Child and Adolescent TB Working Group,
 - 9 October 2017, Kigali, Rwanda
- 47th Union Conference,
 - 11-14 October 2017, Guadalajara, Mexico
- First Global Ministerial Conference "Ending TB in the SDG era: a multisectoral response,
 - 16-17 November 2017, Moscow, Russian Federation.





 Sentinel Group meeting on Child friendly formulations for second line TB drugs, 29-30 January 2018, Cape Town, South Africa

New DS-TB Formulations

(Added to GDF Catalog May 2018)

Ethambutol 100 mg*

Isoniazid 100 mg*

New DR-TB Formulations

(Added to GDF Catalog May 2018)

Pyrazinamide 150 mg*

Ethionamide 125 mg*

Levofloxacin 100 mg*

Moxifloxacin 100 mg*

Cycloserine 125mg

- Launch updated WHO position on BCG vaccination
 - February 2018
- Launch of the WHO Updated and Consolidated Guidelines for Programmatic Management of ITBI
 - February 2018
- Commentary in Lancet Global Health
 - World TB Day



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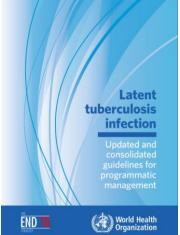
In accordance with its mandate to provide guidance to Member States on health policy matters, WHO issues a series of regularly updated position papers on vaccines and combinations of vaccines against diseases that have an international

Vaccins BCG: Note de synthèse de l'OMS - Février 2018

Introduction

Conformément à son mandat qui est de donner aux États Membres des conseils sur les questions de politique de santé, l'OMS publie une série de notes de synthèse régulièrement actualisées sur les vaccins et les associations vaccinales contre les maladies ayant un impact

Comment



The upcoming UN general assembly resolution on tuberculosis must also benefit children

Great progress has been made in recent years towards the tuberculosis programmes, indicating massive under- Published Online development of improved tools for tuberculosis. We now diagnosis and insufficient access to appropriate care. As http://dx.doi.org/10.1016/ have a 3-month, once-weekly regimen for tuberculosis a result, 253 000 children (around 700 a day on average) \$2224-109X(18)30108-6 prevention (isoniazid and rifapentine), rapid molecular died of a preventable and curable disease. Although agetests to diagnose drug-susceptible and drug-resistant disaggregated data on MDR tuberculosis are not even tuberculosis, a 9-month regimen that cures 80% of reported to national authorities, indications are that less patients with multidrug-resistant (MDR) tuberculosis,1 than 10% of the estimated 30 000 children who develop

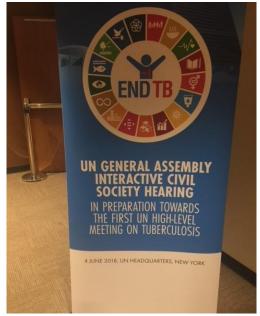
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- 2nd International meeting on Childhood Tuberculosis, pTBNet
 - 21-23 March 2018, Vilnius, Lithuania
- Launch of WHO Quality of care standards for children and young adolescents in health facilities with quality statement on children at risk for TB and/or HIV infection
 - 24 May 2018
- Small writing team meeting to review first draft of the updated roadmap hosted at KNCV
 - 14-15 May 2018, The Hague



- Union side event to WHA "United to end TB - priorities for the UNHLM on TB" with launch of Union publication on "Silent epidemic: a call to action against child tuberculosis"
- GDF includes child-friendly formulations of second-line drugs in catalogue,
 - May 2018 GDF
- UN HLM Civil Society Hearings on 5 June 2018, NYC, USA –
 - Farhana, Anne, Lindsay, Catherine Connor (EGPAF)
- 18th Strategic and Technical Advisory
 Group meeting, 6-7 June 2018, NYC, USA





- Initiative on Stigma in Children by the Global Coalition of TB Activists
 - Aug 2018- Bless Kumar
- Child and Adolescent TB Working Group has a logo
- WHO Rapid Communication for MDR and RR TB,
 - Aug 2018
- XIIth International Child TB training course organized by the Desmond Tutu TB Centre,
 - 9-14 September 2018, South Africa

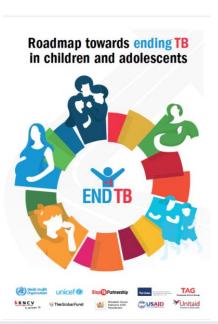




Rapid Communication:

Key changes to treatment of multidrug- and rifampicin-resistant tuberculosis (MDR/RR-TB)

- Committing to end TB in Children, Adolescents and Families/side event to UNHLM on TB to launch 2018 Roadmap and accompanying documents,
 - 24 September, Scandinavia House, NY
 - UNICEF/WHO/STP
 - Roadmap, best practices document, research priorities
 - Social media kit for child and adolescent TB









Child and Adolescent Roadmap: Key actions

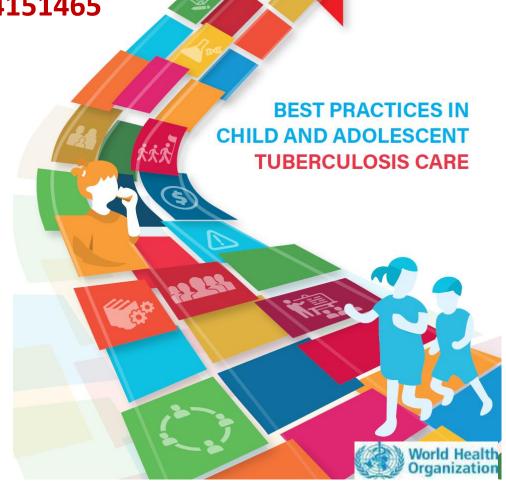




Roadmap towards ending TB in children and adolescents

Examples of Best practices in Child and Adolescent TB Care

http://apps.who.int/iris/bitstream/h andle/10665/274373/978924151465 1-eng.pdf





Key action 10: Encourage child and adolescent TB research



http://www.treatmentactiongroup. org/sites/default/files/pediatric_tb _research_priorities_9_24.pdf





RESEARCH PRIORITIES FOR PAEDIATRIC TUBERCULOSIS

- UN High Level Meeting on TB, 26 September 2018, NY, USA
- Meeting with project countries of Unitaid paediatric TB grants,
 Monday 22 October 2018, The Hague, The Netherlands

UNHLM Key Commitments

The declaration includes two major global targets for the next five years:

- (i) 40 million people with TB to be reached with care during the period 2018 and 2023, including 3.5 million children and 1.5 million people with drugresistant TB; and,
- (ii) At least 30 million people to be reached with TB prevention services during the period 2018-2023 including 4 million children under 5 years of age, 20 million other household contacts and 6 million people living with HIV (including children).





- RMNCH & Nutrition Program
 Managers' meeting for Eastern
 and Southern African countries
 - 10-13 October 2017, Kigali, Rwanda
- Global Fund/TDR workshop on finding missing TB cases in countries of West and Central Africa
 - 26-28 March 2018, Cotounou, Benin



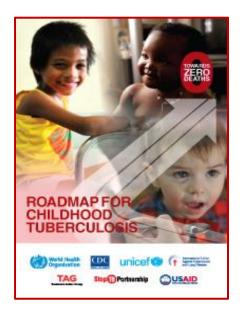
Global and regional action: WHO and partners (1)

- Highlight challenges and opportunities in all relevant fora
- Address childhood TB as a <u>child health issue</u> within WHO across departments as well as with partners through better collaboration and harmonization
- Continue to organize annual meetings of the Child and Adolescent TB working group with regional working groups and variety of stakeholders
- Assist countries to find ways and mobilize resources to move from projects to a programmatic approach
- Promote research and development: point of care diagnostic test for TB disease and infection; shorter treatments; more effective vaccines; country specific pathway analysis with an equity focus; cost savings of integrated versus NTP alone ("vertical") approaches; analysis of the cost of action versus cost of inaction



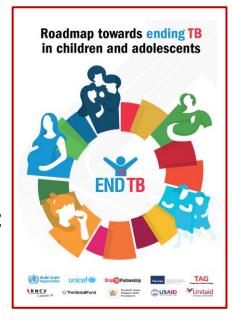


Global and regional action (2)



Child TB firmly on global agenda; Better burden data; Increased advocacy, awareness; Guidance, guidelines, training and assessment tools; Global and regional task forces and national child TB working groups; ongoing

decentralization of TB services and capacity; prioritization of GeneXpert MTB/RIF; integration of TB into child health programmes and approaches; child-friendly FDCs; inclusion of children in clinical trials; increased funding through international donors; New coalitions.







Thank you for your attention!

Acknowledgements

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