

Childhood TB Roadmap

DRAFT

Heather Menzies, MD, MPH
On behalf of Childhood TB Subgroup/
Childhood TB Roadmap Writing Team

The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention

Writing Team

- Anne Detjen, The Union
- Steve Graham, The Union; Childhood TB Subgroup Chair
- Malgosia Grzemska, WHO; Childhood TB Subgroup Secretariat
- Coco Jervis, Treatment Action Group
- Heather Menzies, U.S. CDC
- Babis Sismanidis, WHO
- Jeff Starke*, Baylor College of Medicine
- Soumya Swaminathan, TB Research Centre, Chennai

*Joined in April 2012

Outline

- Background
- Goals and Objectives
- Overview of Roadmap Draft
- Next Steps
- Key Stakeholders

Background (1)

- TB important cause of morbidity and mortality among women and children worldwide
 - Difficult to quantify due to limited data
- Increasing recognition of need to address TB among women and children
- Vertical TB programmes
 - Need for more horizontal, family-centered approaches
- Wide policy → practice gap

Background (2)

- Identified need for roadmap/strategic framework to address childhood TB
- Formed writing team in late Dec 2011/early Jan 2012
- Initial plan for shorter document for World TB Day 2012
- Now developing more comprehensive document for World TB Day 2013

Roadmap Goals and Objectives

- Summarize key developments and achievements in childhood TB
- Highlight critical challenges and gaps
- Outline potential opportunities to accelerate progress
- Identify critical needs, priorities and way forward
- Place TB in broader context of maternal, newborn and child health and engage broad group of stakeholders in addressing childhood TB

Childhood TB Roadmap

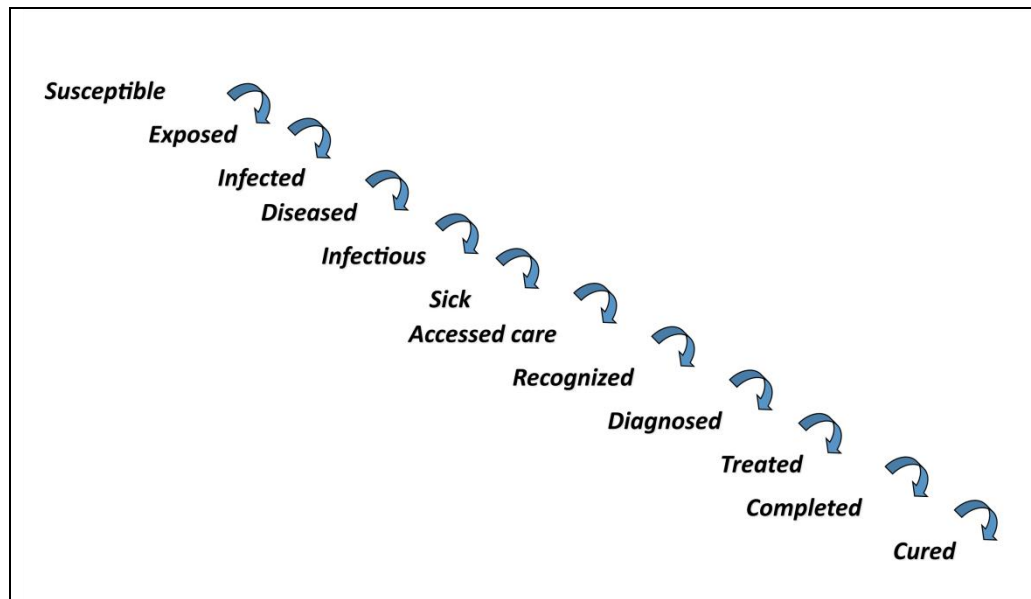
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What?

- Silent epidemic of childhood TB
- Natural history of TB in children

Figure 1: Transitions in Tuberculosis



Ref: Enarson DA, Ait-Khaled N. Tuberculosis. In: Respiratory Epidemiology in Europe, Annesi-Maesano I, Gulsvik A, Viegi G, eds. Huddersfield: The Charlesworth Group, 2000: 67-91

Why?

- Reasons for Historical Neglect of Childhood TB
 - Challenges of confirming diagnosis
 - Less infectious, lower public health priority
 - Common misperception that childhood TB would disappear simply by the containment of TB in the wider population
 - Misplaced faith in BCG vaccine
 - Limited investment in childhood TB research
 - Lack of advocacy on behalf of children with TB

Why?

- Barriers to Implementation and Scale-up of Childhood TB Activities
 - Childhood TB historically not a global TB control priority
 - Lack of data on burden of TB among women and children
 - Limited routine recording and reporting of programmatic data disaggregated by age
 - Limitations/availability of tools for diagnosis of TB
 - Limited knowledge/training of HCW in childhood TB

How?

- International Leadership and Guidance
 - 2006: WHO Childhood TB Guidance document and R&R by two age categories (0-4 yrs, 5-14 yrs)
 - 2007: Research agenda for childhood TB published
 - 2010:
 - IUATLD/WHO Childhood TB/HIV Guidance document
 - IUATLD Desk Guide for Dx/Mgmt Childhood TB
 - WHO Rapid Advice document w/ revised drug doses
 - 2012/2013:
 - 2nd Edition of WHO Childhood TB Guidance document
 - New research agenda/roadmap document (Donald et al)
 - WHO monitoring tools

How?

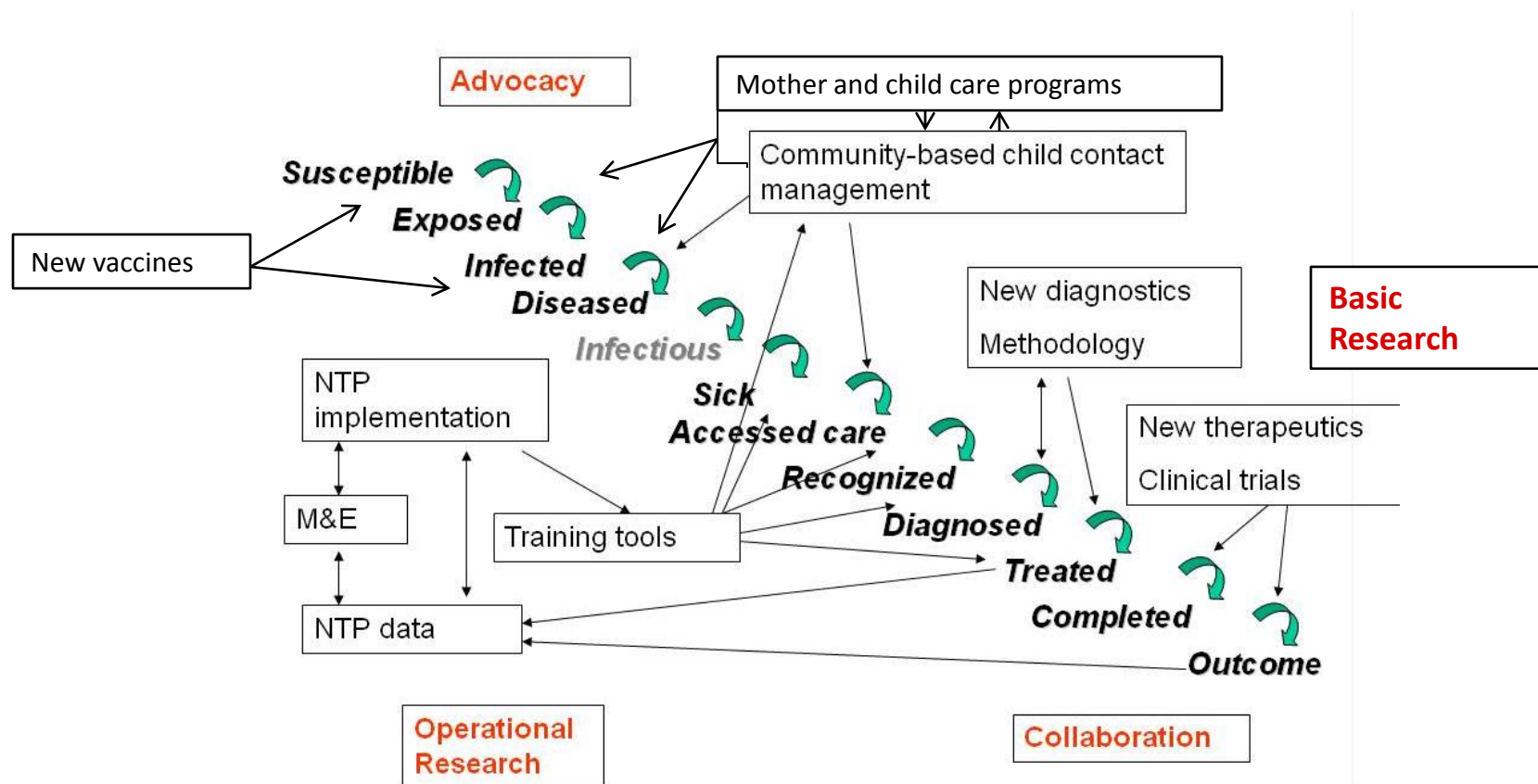
- National Leadership and Guidance
 - Requests for technical assistance
 - Adaptation of guidance
 - Formation of Child TB working groups with NTPs
 - Designation of Child TB focal points within NTPs
 - Evaluation/strengthening of recording and reporting systems

How?

- Growing advocacy
 - International Childhood TB Meeting, Stockholm (2011)
 - Focus of World TB Day (2012)
 - Advocacy documents (eg. WHO, MSF, RESULTS/ACTION, Sentinel Project)
- Increasing Recognition of Importance of Addressing TB among Women and Children
 - Increasing calls for family-centered approaches:
 - Incorporation/scale up of TB and HIV screening/prevention into maternal and child health (MCH) programmes
 - eg. Three “I’s” plus Integration with MCH
 - Scale up of TB and HIV diagnostic, care, treatment and prevention services to reach vulnerable women, children and their families

Who? Where? When?

- Accelerating progress together



Shifting the Paradigm to Community-based Strategies

- Potential opportunities for coordination/integration with:
 - Integrated Management of Pregnancy and Child Health (IMPAC)
 - Prevention of Mother-To-Child HIV Transmission (PMTCT)
 - Family planning and reproductive health services
 - Child malnutrition programs
 - Child HIV management programs
 - Integrated Management of Childhood Illnesses (IMCI)

A framework for integrating childhood TB into IMCI algorithms in TB high burden setting

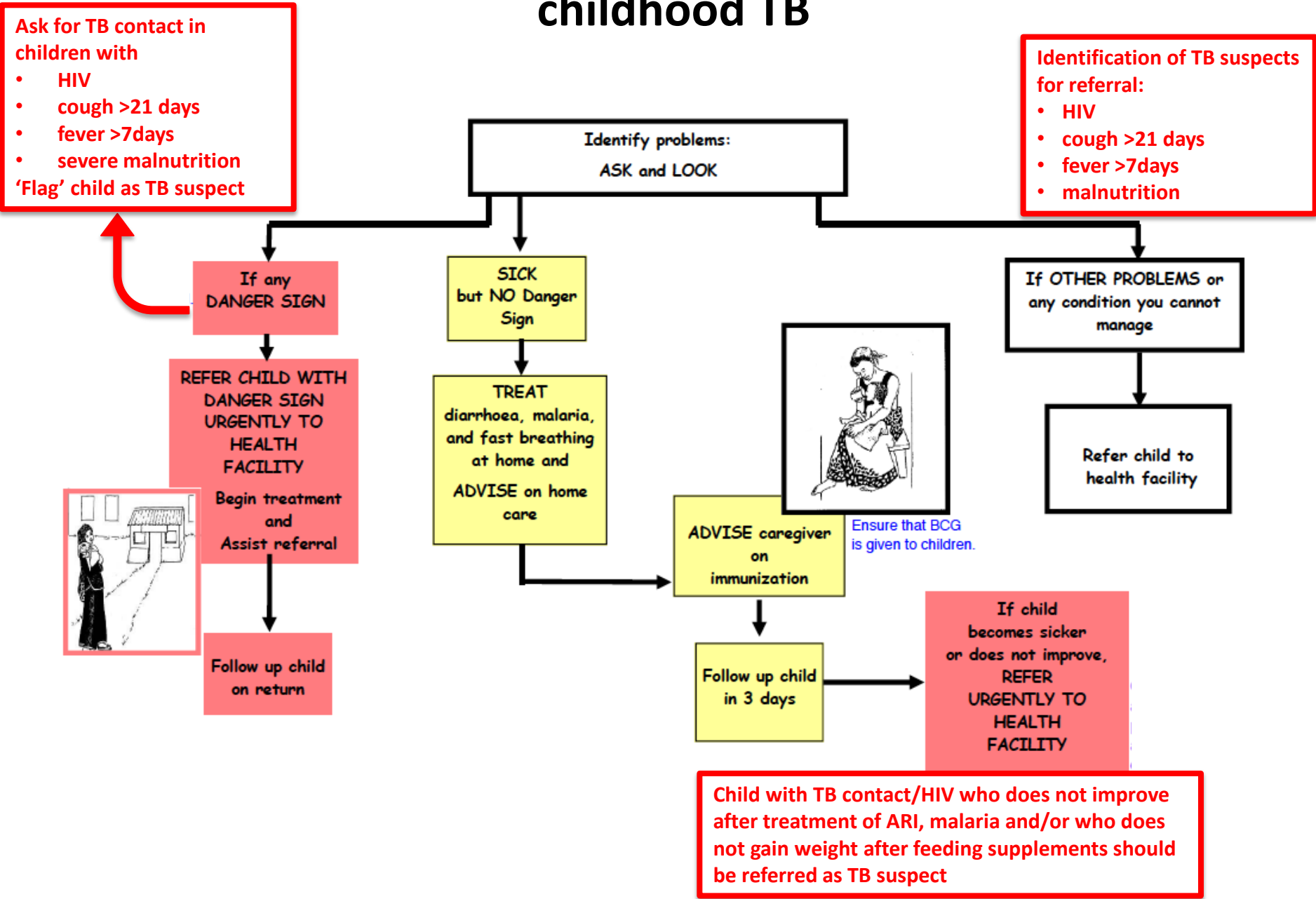
Rationale

- Children with TB are often not recognized, not referred, not reported
- Rather than TB services, entry point for children with TB is primary health care or community level
- IMCI is a strategy to reduce mortality, morbidity and disability in children < 5 , Management algorithms focus on e.g. pneumonia, malnutrition, fever, malaria, diarrhea
- There is supporting data that a considerable number of cases of pneumonia, malnutrition and other illnesses are actually undiagnosed TB.

Integrating TB in IMCI algorithms at facility and community level

- HCW to inquire about TB contact in children with HIV, respiratory symptoms, malnutrition, signs/symptoms of TB
- Initial focus on identifying and referring 1. TB suspects, 2. child TB contacts eligible for IPT
- Option to include diagnosis, follow-up, treatment support

Example: Algorithm for community IMCI – where to add childhood TB



Getting to Zero

- Bold policies and supportive systems
- High quality data for decision-making
- Country-specific solutions based on local epidemiology
- Intensified research and innovations
 - Epidemiology
 - Development of new drugs/child-friendly formulations
 - Development of child-friendly diagnostics
 - Development of new vaccines and prevention strategies
 - Operational and public health research

Next Steps and Way Forward

- Identify and engage key stakeholders
- Develop wider expertise based in TB endemic settings to support technical assistance and training in child TB
- Ensure all international guidelines/documents address children (eg. section on childhood TB)
- Develop a framework for NTPs to support child TB activities

Next Steps and Way Forward

- Engage child health workers at all levels of care
- Ensure that NTP guidelines include guidelines specific to infants and children that are evidence-based and relevant to specific national priorities and possibilities
- Improve reporting of childhood TB cases
 - R&R forms need to incl. disaggregated reporting for all case types, TB/HIV, treatment outcome, etc
- Develop registers for contact screening and preventive therapy

Next Steps and Way Forward

- Cost and cost benefit analyses of various aspects of childhood TB and potential strategies to improve management and prevention
- Develop demonstration projects for inclusion of TB services into existing maternal and child health programs
- Include child TB in the training curriculum
- Development of educational materials

Next Steps and Way Forward

- Ensure uninterrupted supply of quality TB drugs for children including for preventive therapy
- Work with industry, academia, major agencies, NGO's and other organizations involved in TB drug development to develop appropriate dosing schedules and child-appropriate and child-friendly formulations of existing and new TB drugs
- Improved diagnostics

Key Stakeholders

- Global policy makers
- National policy makers/TB Programs
- Related health care and other sectors
- Private providers/health systems
- CBOs/CSOs/NGOs
- Advocacy organizations
- Families and communities



Thank you