# 1 October 2013 Washington DC
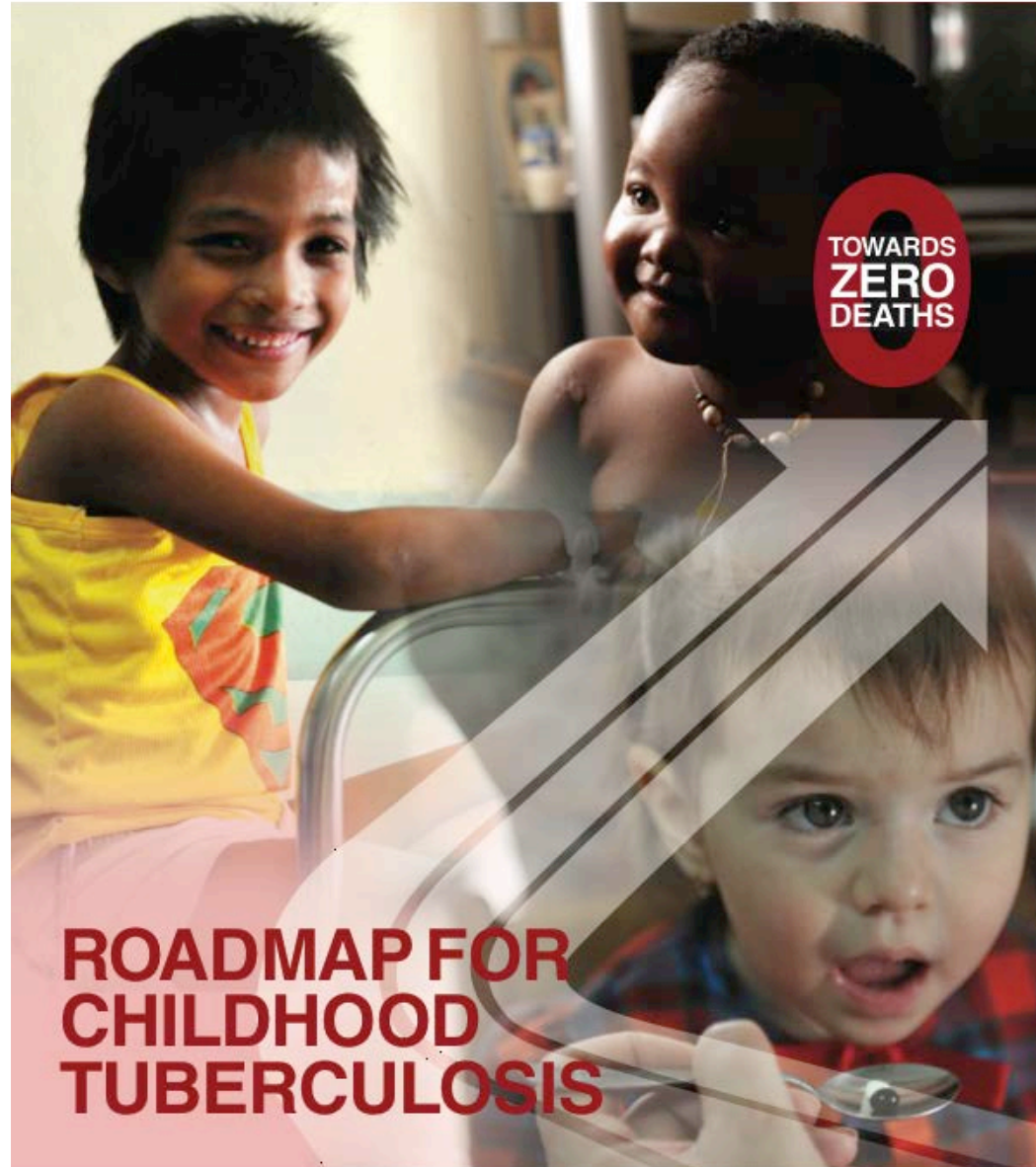
Other important October 1 events:

- Official launch of Obamacare
- U.S. Government shutdown

# The road to the roadmap
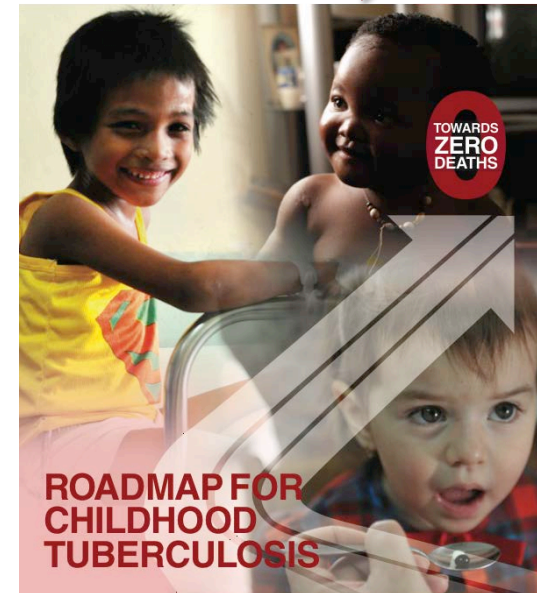
**2011 Union conference**

**World TB Day 2012**

**2012 Union conference**

**1 October 2013**

**The Idea**



NO MORE CRYING, NO MORE DYING. TOWARDS ZERO TB DEATHS IN CHILDREN.

**Childhood TB subgroup** Feedback and discussion



TOWARDS ZERO DEATHS

ROADMAP FOR CHILDHOOD TUBERCULOSIS

World Health Organization   CDC   unicef   International Union Against Tuberculosis and Lung Disease

TAG Treatment Action Group   Stop TB Partnership   USAID FROM THE AMERICAN PEOPLE

**Press conference and workshop**

**10 steps to zero deaths**

Include the needs of children and adolescents in research, policy development and clinical practices

Collect and report better data, including data on prevention

Develop training and reference materials for health care workers

Foster local expertise and leadership

Do not miss critical opportunities for intervention

Engage key stakeholders

Develop integrated family-centred and community-centred strategies

Address research gaps

Meet funding needs for childhood TB

Form coalitions and partnerships to improve tools for diagnosis and treatment

# Media coverage

131 news stories

- Associated Press article that ran in more than 70 media outlets worldwide
- State Department articles sent to more than 300 U.S. embassies

## Road map for childhood TB

By Jeffrey R. Starke

the diagnosis can be difficult, so TB is often missed or overlooked

hood TB can be eliminated as one of the 10 leading causes of death in

### VOA Voice of America

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News / Health

## Stopping Childhood TB Deaths

Print    Share:

### Desmond Tutu
1984 Nobel Peace Prize winner

GET UPDATES FROM DESMOND TUTU

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## On Ending Childhood Tuberculosis

Posted: 10/01/2013 5:41 am

BILL & MELINDA GATES foundation

*Impatient Optimists*

— Bill & Melinda Gates Foundation —

Topics    Countries    Languages    Authors

# Workshop - Next Steps Towards Zero Deaths

- To give examples of existing efforts to integrate childhood tuberculosis into MNCH services
- To discuss how to implement the childhood TB roadmap
- To define next steps for different stakeholders
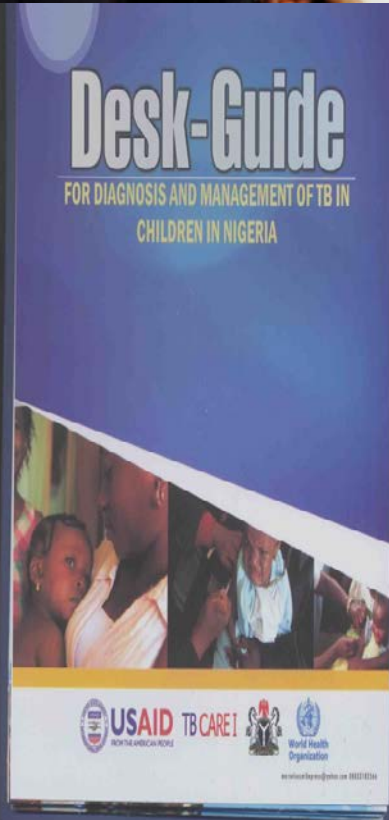- To define areas for operational research

# Dr. Joshua Obasanya, Nigeria Roadmap for childhood TB

- Designate child TB focal point and task force
- Revision of National Strategic plan to include child TB
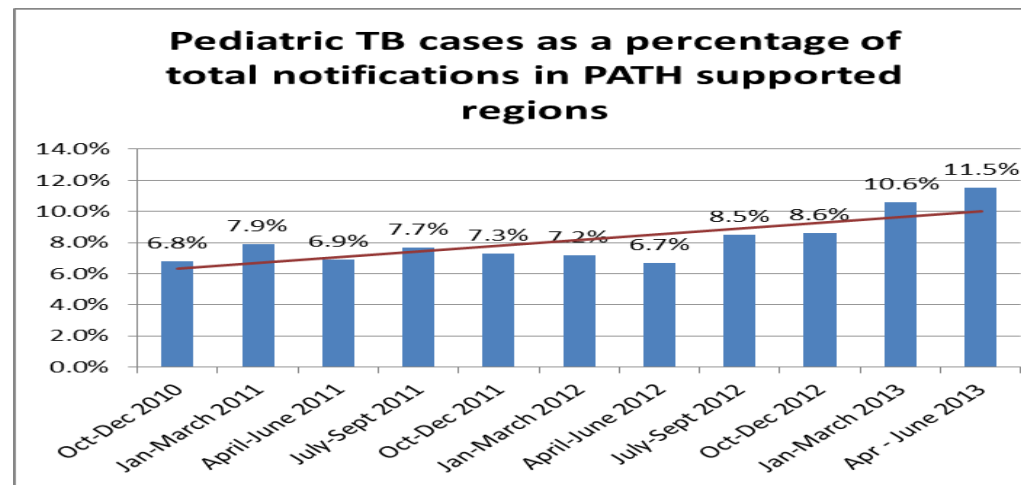- Adapted desk guide
- Training curriculum and ToT targeting all stakeholders involved in child TB care
- Advocacy and outreach to professional stakeholders (Professional bodies, Privately own health institutions, Media, Head of health care institutions)
- Review of recording and reporting formats
- Task shifting of responsibilities to improve case finding and case holding
- Review of national guidelines/manuals as well as recording and reporting formats to include child TB



Desk-Guide
FOR DIAGNOSIS AND MANAGEMENT OF TB IN CHILDREN IN NIGERIA

USAID  TB CARE I  World Health Organization

# PATH – Field experiences: Integrating child TB in MNCH services

- Rapid assessment of 16 MNCH facilities Tanzania
  - 46% of children < 10 years present with acute U/L RTI
  - Empirical antibiotics for children with cough > 2weeks
  - Only 5 of 15 OPD providers referred a child to TB clinic (1 referral/1,700 children)
  - 1 of 32 respondents reported having received training about pediatric TB within the last 3 years

➔ Guidelines and ToT

➔ Active TB screening

➔ Supervision

**Pediatric TB cases as a percentage of total notifications in PATH supported regions**

| Quarter | Percentage |
| --- | --- |
| Oct-Dec 2010 | 6.8% |
| Jan-March 2011 | 7.9% |
| April-June 2011 | 6.9% |
| July-Sept 2011 | 7.7% |
| Oct-Dec 2011 | 7.3% |
| Jan-March 2012 | 7.2% |
| April-June 2012 | 6.7% |
| July-Sept 2012 | 8.5% |
| Oct-Dec 2012 | 8.6% |
| Jan-March 2013 | 10.6% |
| Apr - June 2013 | 11.5% |

# Adapted WHO/UNICEF modules for community health workers (TB/HIV)

- Caring for the newborn and the pregnant mother
- Caring for the sick child (iCCM)
- Caring for the healthy child

Manual for the Community Health Worker

Caring for
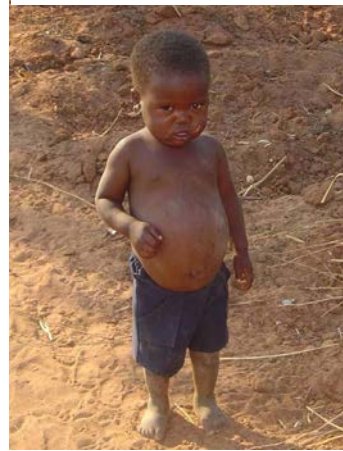
arrhoea, confirmed malaria, and fast breathing

# CORE group
**TB interest and community child health working groups**

Outlines possible areas for TB interventions within community child health programs (iCCM, cIMCI)







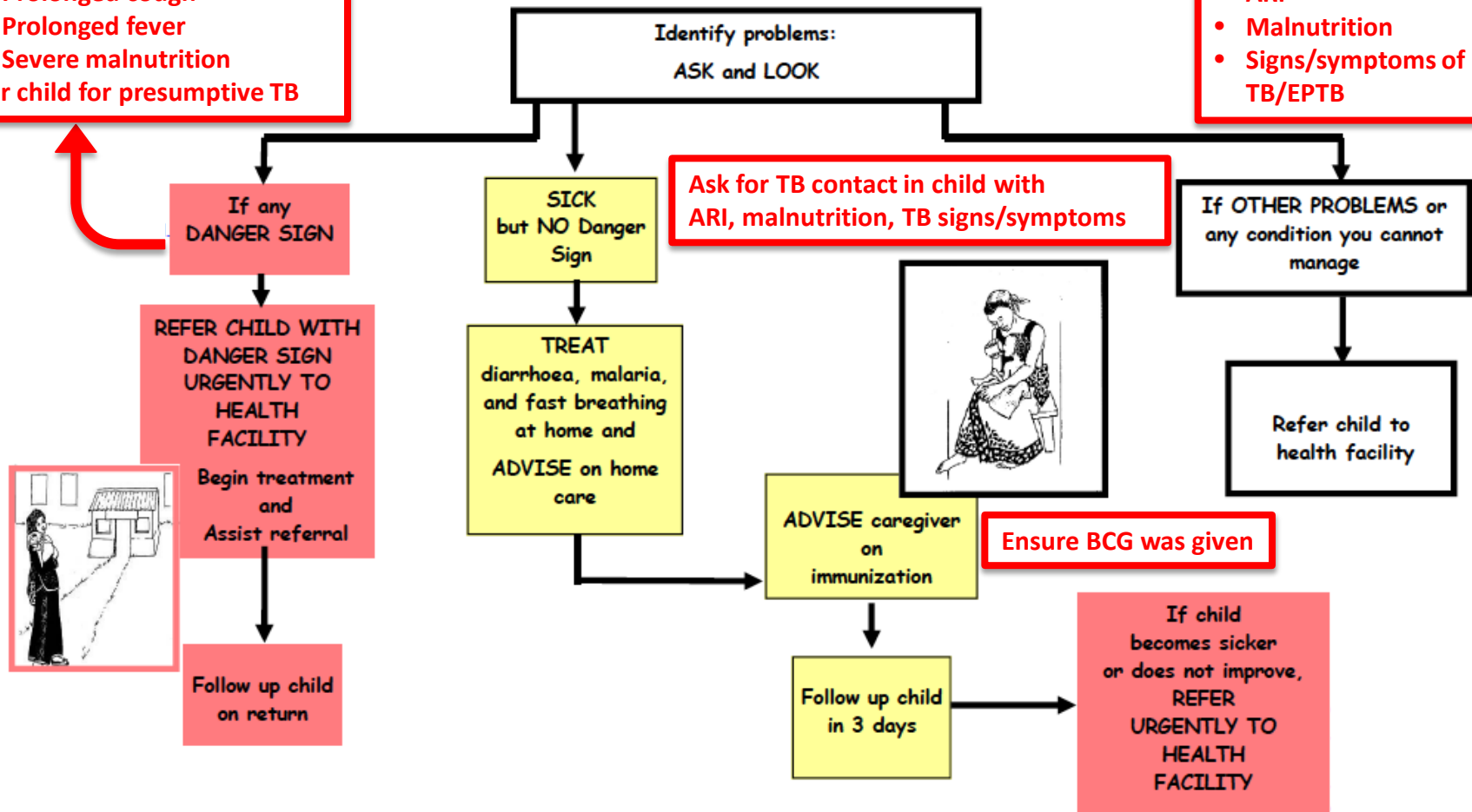International Union Against
Tuberculosis and Lung Disease

**Ask for TB contact in children with**
- **HIV**
- **Prolonged cough**
- **Prolonged fever**
- **Severe malnutrition**

**Refer child for presumptive TB**

**Identify problems:**
**ASK and LOOK**

**Identification of presumptive TB for referral:**
- **TB contact**
- **HIV**
- **ARI**
- **Malnutrition**
- **Signs/symptoms of TB/EPTB**

**If any DANGER SIGN**

**SICK but NO Danger Sign**

**Ask for TB contact in child with ARI, malnutrition, TB signs/symptoms**

**If OTHER PROBLEMS or any condition you cannot manage**

**REFER CHILD WITH DANGER SIGN URGENTLY TO HEALTH FACILITY**

**Begin treatment and Assist referral**

**TREAT diarrhoea, malaria, and fast breathing at home and ADVISE on home care**

Refer child to health facility

**Follow up child on return**

**ADVISE caregiver on immunization**

**Ensure BCG was given**

**Follow up child in 3 days**

**If child becomes sicker or does not improve, REFER URGENTLY TO HEALTH FACILITY**

**Follow-up:** Child with TB contact/HIV who does not improve after treatment of ARI, malaria and/or who does not gain weight after feeding supplements should be referred as presumptive

# Roundtable discussions



- Childhood TB and common childhood illnesses
- Childhood TB and community health care
- TB/HIV integration
- Contact screening, preventive therapy and treatment support
- Recording and reporting to improve data-driven decision making
- Advocacy

  ➔ **Challenges, opportunities, next steps, operational research**

# Childhood TB in the context of common childhood illnesses

| Challenges | Opportunities | Action points | Operational research |
|---|---|---|---|
| • **Think TB**<br>• Diagnosis<br>• Registration with NTP | Existing algorithms and approaches<br>• TB/HIV<br>• CMAM<br>• Pneumonia<br>• TB as cause of meningitis | • Integrate TB into **existing** trainings<br>• Make use of **RTHC/<5 charts** to include TB screening<br>• **Sensitize leaders** in child health | • Use of **Xpert** as screening tool<br>• Use of **RTHC** |

# Childhood TB and community health care

| Challenges | Opportunities | Action points | Operational research |
|---|---|---|---|
| • Different roles/workload/ training of CHWs<br>• Cost/time/effort needed | • Technologies (m-health, Xpert)<br>CHWs well placed to address:<br>• Case detection/screening<br>• Increase adherence/ treatment support<br>• Stigma | Review existing<br>• **guidelines**<br>• **programs**<br><br>**Education** | CHW&<br>• **Contact screening and IPT**<br>• **Treatment adherence** |

# TB/HIV integration

| Challenges | Opportunities | Action points | Operational research |
|---|---|---|---|
| • Coordination at national level to support facility level<br>• Integration of **Training** (avoid duplication)<br>• Lack of **task shifting**, decentralization | Existing **Grants**<br>• implement what's working<br>• explore new approaches<br>**New technologies**<br>• supervision, technical support, delivery of results<br>• Utilize CHWs | • **Pre-service and in-service training**<br>• to **Xpert MTB/RIF**<br>• **Digital X-ray** | • **Childhood TB diagnostics** (including algorithms, Xpert)<br>• **Mobile technology**<br>• **Treatment** new drugs, better regimens |

# Contact screening, IPT, treatment support

| Challenges | Opportunities | Action points | Operational research |
|---|---|---|---|
| • **Stigma/mis conceptions (IPT):** Parents and providers <br>• Children exposed to DR-TB <br>• **Think TB** | • **Family-centered approach** <br>• Community-based NGOs, teachers <br>• Use existing tools | • Marketing of symptom-based screening <br>• Standardization of documentation/materials (simple job aids) | • **Barriers, stigma, attitudes** (providers and families) <br>• Existing technologies and infrastructure |

# Recording and reporting to improve data-driven decision making

| Challenges | Opportunities |
|---|---|
| Lack of **integration**: <ul><li>Within facilities and programs</li><li>Disaggregation of data at all levels, all disease groups</li></ul>**Recording**<ul><li>Paper-based systems</li><li>Contact tracing, how?</li><li>Incorporating TB into existing tools</li></ul>**Diagnostics**<ul><li>TB within co-morbidities:</li><li>Bacteriological diagnosis and measure of effectiveness of interventions</li></ul> | <ul><li>Developing **tools and processes to capture contact tracing** and outcomes</li><li>**Models from other disease areas** (Fistula, use village councils to record community deaths)</li></ul> |

# Recording and reporting to improve data-driven decision making

| Action points | Operational research |
|---|---|
| • **Cross-training** of HCWs<br>• **Mobile technologies** (integration and linkages) | • D**ata quality and accuracy** (magnitude of underreporting)<br>• **NTP managers: data needed for decision-making**<br>• **Task-shifting**- does it work? Is it sustainable over time in the absence of funding incentives<br>• **Supply chain, forecasting**<br>• How do we **reach the unreachable**<br>• **Recording and reporting from the community** |

# Advocacy

| Challenges | Opportunities | Action points |
|---|---|---|
| • **Mixed/ complicated messages**<br>• General **neglect** of TB and **competitive funding environment**;<br>• **Lack of simple diagnostic tool**<br>• Difficulties to define and characterize the **burden of disease** | • Engage **child funders**<br>• Use **global fund $**<br>• **Learn from existing data**<br>• **Humanize data**<br>• Take advantage of USAID and STBP investment in **re-branding TB**;<br>• Engage **academic institutions**<br>• **$ attracts $** | • **Identify MCH programs and implementers**<br>• **Use existing data** to make case for MCH<br>• Build **evidence base** impact of addressing child TB on overall child mortality |

# Common themes

- **Think TB**
- Integration at all levels
- Implement and make use of existing algorithms, approaches
- New technologies
  - Xpert
  - M-health
- Training



Dr. John Borrazzo
(MCH Division Chief, USAID)

# Feedback and activities post-launch

- **UNICEF**
Regional offices requesting information on how to proceed, situation analysis

- **Save the children**
Follow-up with community case management advisor on potential areas of integration in existing m-health projects

- **CORE group** community child health working group
Child TB integration framework in workplan 2014

- **India**

  – Attempt to have health minister release statement based on roadmap.

  – Discuss country-level stakeholder meeting?

- **USAID**
Development of key parameters for reporting and tracking child TB activities within USAID supported countries (annual Report to Congress)

# Next steps

- How do we move activities to country level?
  - Contact list of childhood TB focal points/contacts
  - National roadmap workshop
- Follow-up with MNCH groups
  - Support through childhood TB subgroup
- Continued Advocacy
  - Beyond TB
  - Donors
  - Media coverage

# Evaluation of progress?

- Approach
  - Roadmap partners
  - CORE group network
  - Childhood TB subgroup network
  - Country-level contacts
- Survey
  - Actions taken
  - Research update
    - New tools
    - Operational research
  - Surveillance data
  - Other indicators?

➔ **6 Months: World TB Day**

➔ **1 Year: Childhood TB subgroup meeting 2014**

# **Thank you for this truly joint effort!**

## Action: Assess the Risk

1. Ask for HIV in the household/the child → Refer for HIV-testing unless already done

2. Ask for 2. TB contact in any child with:
- HIV
- Prolonged cough
- Prolonged fever
- Malnutrition
- Swelling of the neck or other signs of EPTB

→ Refer and mark "TB contact" on referal card

3. Look for a combination of symptoms (prolonged cough, loss of weight, reduced playfulness) and ask for TB contact

→ Depending on the setting and agreements with NTP, the HCW can
- refer a child considered to have TB or
- make a diagnosis, initiate treatment, report to NTP