

# Community Perspectives: Child and Adolescent TB Care

## Annual Meeting: Child and Adolescent TB Working Group

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# Optimizing care for adolescent with TB infection or disease

- How care can be made evidence-based (i.e., good value for money)?
- How care can be made responsive to patient rights?
- How care can be made responsive to socio-cultural context (including gender)?
- **How** communities can be adequately engaged in care design & monitoring?
- How care can be made responsive to individual's special needs?

# Socio-economic impact of TB on children, adolescents and their families

- How to cope economic impact – high catastrophic cost; family opportunity cost; family liabilities, individual disabilities?
- How to cope social impact – stigma, missed opportunities, changed relationships?
- How multi-sectoral response can adequately happen for general well being? e.g., social support – accessible; adequate (to cope catastrophic cost)

# Community views on active case finding for TB

- How ACF intervention design can be made sensitive to the socio-cultural context and health services realities (review the context; and inform the strategies to reach child/adolescent)?
- How to ensure that potential benefits of ACF participation outweigh the risk of “dis-benefit”?
- How the social cost (to participate) can be made affordable for the family (through enhanced community engagement)?
- How the ACF intervention prioritization may take into account the “cost-efficiency” and “patient-rights” considerations?

# Concluding Remarks

- ❑ Optimal care implies adequate community engagement in design and monitoring
- ❑ Multi-sectoral response required to address the economic and social impacts of TB
- ❑ ACF interventions need to take into account social dimensions; while delivering care