

## **Report on the childhood TB subgroup meeting, Tuesday 1 November 2006, Paris.**

This report outlines the main issues discussed at the childhood TB subgroup meeting. The agenda appears in Annex 1 and the list of participants in Annex 2.

### **Background**

Urgent and effective action is necessary to decrease the burden of childhood TB. However, many National Tuberculosis Programmes (NTPs) do not systematically include the management of children with TB as part of their routine operations. Under the auspices of the DOTS Expansion Working Group, the childhood TB subgroup held its third meeting on 1 November 2006 in Paris, France. The subgroup has developed international policy guidelines for case finding and treatment of children with TB, contact tracing of children at high risk of TB for preventive TB treatment, and including all childhood TB cases in routine NTP recording and reporting activities. In addition to ongoing policy work, the childhood TB subgroup now has the opportunity to work with the DOTS Expansion Working Group to promote implementation of these policies in countries badly affected by TB.

### **Progress report by Robert Gie, chairperson of the childhood TB subgroup.**

In the past year WHO has published two documents developed by the childhood TB subgroup: "Guidance for national TB programmes on the management of childhood TB" and "Ethambutol efficacy and toxicity: literature review and recommendations for daily and intermittent dosage in children". A third document "A research agenda for childhood TB" is scheduled for publication in the next few months. The policies developed by the childhood TB subgroup have been incorporated in the "International Standards for TB Care" aimed at promoting high standards of TB care for all health care providers. WHO has revised the standard recording and reporting (R&R) system taking into account the childhood TB subgroup's recommendation for routine R&R of children with TB by 0-4 and 5-14 years age groups. Representation of the childhood TB subgroup in discussions with the Global Drug Facility and UNITAID (the new innovative international health funding mechanism) has resulted in UNITAID's agreement to provide financial support for the provision of child-friendly formulations of anti-TB drugs.

### **Election of chairperson**

Rob Gie was re-elected unopposed and received everybody's thanks for his excellent work as chairperson since 2003 and appreciation for his willingness to continue to serve.

### **Main issues**

#### **1. Promoting the implementation of the policy guidance for NTPs.**

The development of the document "Guidance for national TB programmes on the management of childhood TB" ensured consistency as far as possible with current

international policies, e.g. IUATLD policies on child lung health, WHO policies on the Integrated Management of Childhood Illness (IMCI), and WHO policies on TB control, in order to promote the uptake and usefulness of the document. The childhood TB subgroup has a key role to play in promoting the implementation of the policy guidance for NTPs on mainstreaming the care of children with TB into routine NTP activities. Jeremiah Chakaya and Léopold Blanc, Chairperson and Secretary respectively of the DOTS Expansion Working Group, were supportive of the principle of promoting implementation of childhood TB policies by working through the DOTS Expansion Working Group.

Success in mainstreaming the management of children with TB as part of routine NTP activities can be monitored using the standard indicators for case-finding and treatment outcomes. This will be facilitated by the routine recording and reporting of children with TB by the 0-4 and 5-14 years age groups as recommended by WHO in its revised recommendations for the standard NTP recording and reporting system.

*Action points:*

- a) Members of childhood TB subgroup to promote policies on childhood TB through their work with their respective agencies, e.g. Clydette Powell to promote policy transfer among USAID partners, including NGOs; Carol Warrell to promote policy transfer among NIH partners, including PEPFAR; Penny Enarson to incorporate childhood TB policies in IUATLD training courses.
- b) As childhood TB subgroup secretary, Dermot Maher to identify opportunities with Léopold Blanc (DOTS Expansion Working Group secretary) for promoting childhood TB policy implementation of by working through the DOTS Expansion Working Group. These may include the following: briefing NTP managers at regional meetings and promoting incorporation of childhood TB activities in NTP strategic and operational plans; ensuring that country technical support missions and NTP reviews include someone with childhood TB expertise; ensuring that childhood TB is part of Global Fund grant applications; and incorporating childhood TB policies in training courses.
- c) Members of childhood TB subgroup to inform the Secretary ([maherd@who.ch](mailto:maherd@who.ch)) of their interest in taking part in country technical support missions and NTP reviews. Participation will depend on funding availability.

## **2. Global Drug Facility: promotion of child-friendly formulations of anti-TB drugs**

This year, France, Brazil, Chile, Norway and the United Kingdom (Core Group), with the backing of several international organizations (including WHO, UNAIDS, UNICEF, the Global Fund to Fight AIDS, Malaria and Tuberculosis), NGOs and private foundations (Clinton Foundation) joined forces to help scale up access to treatment for HIV/AIDS, malaria and TB for the poor in developing countries – through lowering the price of drugs and diagnostics and accelerating the pace at which they are made available. To do this, the Core Group established an innovative financing initiative called UNITAID.

UNITAID has identified access to anti-TB drugs for children as a Priority/First Action funding niche. UNITAID funds will be used to provide appropriate-strength pediatric drugs for children aged below 15 years and ensure development of new child-friendly formulations for children aged 0-4 years. UNITAID has identified the Global Drug Facility (GDF) as the Programmatic Partner to implement the procurement and supply of anti-TB drugs for children. The programme is expected to require \$860,000 in 2006 and \$4.8m in 2007 to provide up to 150,000 treatments to eligible countries.

GDF will receive, review and approve proposals from potential beneficiary countries and produce demand forecasts accordingly. GDF will be responsible for engaging manufacturers to ensure development of appropriate products, for negotiating prices and contracts and for ensuring delivery of drugs to countries.

*Action points:*

a) Robert Gie and Hastings Banda to participate in the GDF Technical Review Committee (TRC) meeting 13–16 November 2006 during which paediatric grant proposals will be reviewed and recommended for Grant Awards following the global GDF call for proposals (20 September 2006).

b) Outcomes of TRC review process and final approvals of Grant Proposals to be shared with the childhood TB subgroup, via the Secretary, following official endorsement by the UNITAID and Stop TB Coordinating Boards (end November/early December 2006).

### **3. Identifying topics on TB treatment for literature review**

The childhood TB subgroup has the opportunity to identify topics on TB treatment for literature review in collaboration with the International Child Health Review Collaboration. This Collaboration is a network of agencies that is reviewing the evidence base for current child treatments in general, as reflected in the WHO handbook "Hospital care for children: guidelines for the management of common illnesses with limited resources"). The Collaboration will review topics in childhood TB management where there is a relevant body of literature on the particular topic. Completed reviews are available on the Collaboration's website (<http://www.ichrc.org>).

*Action point:*

Childhood TB subgroup members to send suggested topics for review to Shamim Qazi ([qazis@who.int](mailto:qazis@who.int)) for consideration by the Collaboration.

### **4. Making best use of routine NTP data regarding TB in children**

WHO has revised the standard R&R system taking into account the childhood TB subgroup's recommendation for routine R&R of children with TB by the 0-4 and 5-14 years age groups. This distinction is crucial not only in ordering drugs (since child-friendly formulations are particularly important in children aged 0-4 years) but also in

enabling monitoring of trends in these two distinct age groups. The revised standard NTP Form 1 "Quarterly report on TB case management in basic management unit" reflecting these changes is available on the WHO Stop TB Department website ([http://www.who.int/tb/dots/r\\_and\\_r\\_forms/](http://www.who.int/tb/dots/r_and_r_forms/)). Some countries, e.g. Kenya, are making progress in implementing the revised standard R&R system and should soon be in a position to report on case-finding and treatment outcomes in children with TB in the 0-4 and 5-14 years age groups.

*Action point:*

- a) Childhood TB subgroup members to keep the subgroup informed as better country data, including on TB/HIV, become available from routine R&R of children with TB by the 0-4 and 5-14 years age groups.
- b) In working through the DOTS Expansion Working Group, Childhood TB subgroup members to promote use of the indicators of NTP performance in managing children with TB (case-finding and treatment outcomes in children in 0-4 and 5-14 years age groups).

## **5. Doses of anti-TB drugs for children**

Anti-TB drugs have rarely been evaluated specifically to establish recommended doses in children. The literature is sparse on pharmacokinetic and pharmacodynamic studies on anti-TB drugs in children, including in those with HIV infection. The results of some pharmacokinetic studies are awaiting publication and several pharmacokinetic studies on isoniazid and rifampicin in children with and without HIV infection are under way. The childhood TB subgroup can play a role in promoting the development of improved recommendations based on review of the existing evidence and better pharmacokinetic and efficacy studies.

Following-up on the ethambutol literature review, subgroup members acknowledged the need to review the existing evidence concerning pharmacokinetic and efficacy studies of other anti-TB drugs, to promote the development of improved recommendations.

*Action points:*

- a) Concerning the literature on anti-TB drug pharmacokinetic and efficacy studies, Simon Schaaf and Mamodikoe Makhene to collaborate in reviewing isoniazid and Rebecca Sinfield to take the lead in reviewing rifampicin.
- b) Subgroup members to inform the secretariat if they propose to undertake a review of pharmacokinetic and efficacy studies of other anti-TB drugs.

## **6. The role of the subgroup regarding TB vaccine research**

Gunnar Bjune outlined the challenges facing the development of improved TB vaccines and the prospects for progress.

*Action point:*

Gunnar Bjune to represent the childhood TB subgroup on the Working Group on new TB vaccines that operates under the auspices of the Stop TB Partnership.

**Next year's meeting**

The next subgroup meeting will as usual be held just before the annual IUATLD World Conference on Lung Health, that next year will be held in Cape Town, South Africa, from 8 - 12 November 2007.

## Annex 1: Agenda

	Topic	Presenter
13.30 - 13.45	Welcome, introduction and report on progress over past year	Rob Gie (chairperson)
13.45 - 14.15	Topic 1. Promoting the implementation of the policy guidance for NTPs on mainstreaming the care of children with TB into routine NTP activities	Rob Gie Léopold Blanc
14.15 - 14.45	Topic 2. Promotion of child-friendly formulations of anti-TB drugs by the Global Drug Facility	Robert Matiru
14.45 - 15.15	Topic 3. Identifying topics on TB treatment for literature review (in collaboration with International Child Health Review Collaboration)	Shamim Qazi
15.15 - 15.45	Topic 4. Making best use of routine NTP data regarding TB in children, including TB/HIV	Steve Graham
15.45 - 16.00	Coffee break	
16.00 - 16.30	Topic 5. Doses of anti-TB drugs for children - promoting the development of improved recommendations based on review of the existing evidence and better pharmacokinetic and efficacy studies	Simon Schaaf
16.30 - 17.00	Topic 6. What is the role of the subgroup regarding TB vaccine research?	Gunner Bjune
17.00	Close	Rob Gie

## **Annex 2: List of participants**

### **Robert Gie**

Department Head  
Department of Paediatrics & Child Health  
University of Stellenbosch  
Faculty of Medicine  
P.O. Box 19063  
7505 Tygerberg  
South Africa

E-mail: [RPG1@sun.ac.za](mailto:RPG1@sun.ac.za)

### **Dermot Maher**

Stop TB Department  
World Health Organization  
Avenue Appia 20  
1211 Geneva 27  
Switzerland

E-mail: [maherd@who.int](mailto:maherd@who.int)

### **Mary Reichler**

Centers for Disease Control  
and Prevention (CDC)  
1600 Clifton Road, MS-E 10  
30033 GA - Atlanta  
United States of America

E-mail: [mrr3@cdc.gov](mailto:mrr3@cdc.gov)

### **Penny Enarson**

Head  
Child Lung Health Division  
International Union Against  
Tuberculosis & Lung Disease (IUATLD)  
68 Blvd St Michel  
75006 Paris  
France

E-mail: [pennyenarson@aol.com](mailto:pennyenarson@aol.com)

### **Clydette Powell**

Medical Officer  
Bureau for Global Health  
Office of Health  
Infectious Disease + Nutrition  
Division of Infectious Disease  
US Agency for International Development (USAID)  
G/PHN/HN/EH 3.06.101  
1300 Pennsylvania Ave  
20523-3700 Washington, D.C.  
United States of America

E-mail: [cpowell@usaid.gov](mailto:cpowell@usaid.gov)

**Steve Graham**

Welcome Trust  
Clinical Research Programme  
P.O. Box 30096  
Blantyre 3  
Malawi

E-mail: [smgraham@mlw.med.mw](mailto:smgraham@mlw.med.mw)

**Gunnar Bjune**

Department Head  
Department of International Health  
University of Oslo  
P.O. Box 1130  
Blindern, 0317  
Oslo  
Norway

E-mail: [g.a.bjune@medisin.uio.no](mailto:g.a.bjune@medisin.uio.no)

**Asma El Sony**

Director EPILAB & NTP Programs  
National TB Control Programme  
Ministry of Health  
P.O. Box 193  
PC 11111, Khartoum  
Sudan

E-mail: [Aelsony@yahoo.com](mailto:Aelsony@yahoo.com)

**Simon Schaaf**

Department of Paediatrics &  
Child Health  
University of Stellenbosch  
Faculty of Medicine  
P.O. Box 19063  
7505 Tygerberg  
South Africa

E-mail: [hss@sun.ac.za](mailto:hss@sun.ac.za)

**Shamim Qazi**

Child and Adolescent Health  
and Development (CAH)  
World Health Organization  
Avenue Appia 20  
1211 Geneva 27  
Switzerland

E-mail: [qazis@who.int](mailto:qazis@who.int)

**Mamodikoe Makhene**

National Institute of Health (NIH)  
United States of America

E-mail: [mm715c@nih.gov](mailto:mm715c@nih.gov)

**Anna Mandalakas**

11100 Euclid Ave.  
Cleveland, OH 44106-6003  
United States of America

E-mail: [anna.mandalakas@case.edu](mailto:anna.mandalakas@case.edu)

**Jan van den Hombergh**

Royal Tropical Institute  
Amsterdam  
The Netherlands

E-mail: [j.v.d.hombergh@kit.nl](mailto:j.v.d.hombergh@kit.nl)

**Annelies Van Rie**

University of North Carolina  
United States of America

E-mail: [vanrie@email.unc.edu](mailto:vanrie@email.unc.edu)

**Hugo Vrakking**

Stop TB Department  
World Health Organization  
Avenue Appia 20  
1211 Geneva 27  
Switzerland

E-mail: [vrakkingh@who.int](mailto:vrakkingh@who.int)

**Rebecca Sinfield**

Clinical Lecturer International Child Health  
Liverpool School of Tropical Medicine  
Pembroke Place  
Liverpool L3 5QA  
United Kingdom

E-mail: [rebecca.sinfield@liverpool.ac.uk](mailto:rebecca.sinfield@liverpool.ac.uk)

**Netty Kamp**

KNCV Tuberculosis Foundation  
Parkstraat 17  
PO Box 146  
2501 CC The Hague  
The Netherlands

E-mail: [kampn@kncvtbc.nl](mailto:kampn@kncvtbc.nl)

**Fraser Wares**

Medical Officer  
WHO  
India

E-mail: [waresf@who.india.org](mailto:waresf@who.india.org)

**Carol Warrell**

Pediatric, Adolescent and Maternal AIDS Branch  
National Institute of Child Health and Human Development  
National Institutes of Health  
6100 Executive Blvd ,Bethesda, MD 20892-7510  
USA

E-mail: [worrellc@niaid.nih.gov](mailto:worrellc@niaid.nih.gov)

**Afua Basoah** E-mail: [afua.basoah@ogilvyhealthworld.com](mailto:afua.basoah@ogilvyhealthworld.com)  
Ogilvy Healthworld Medical Education  
London  
United Kingdom

**Bui Duc Duong** E-mail: [bdduong06@gmail.com](mailto:bdduong06@gmail.com)  
National Hospital for TB and Respiratory Diseases  
Vietnam

**Deliana Garcia** E-mail: [dgarcia@migrantclinician.org](mailto:dgarcia@migrantclinician.org)  
Migrant Clinicians Network  
Austin  
Texas  
USA

**Christian Gunnerberg** E-mail: [gunnebergc@who.int](mailto:gunnebergc@who.int)  
Stop TB Department  
World Health Organization  
Avenue Appia  
CH1211 Geneva 27  
Switzerland

**Robert Matiru** E-mail: [matirur@who.int](mailto:matirur@who.int)  
Global Drug Facility  
Stop TB Partnership Secretariat  
World Health Organization  
Avenue Appia 20  
Ch1211 Geneva 27  
Switzerland

**Léopold Blanc** E-mail: [blancl@who.int](mailto:blancl@who.int)  
Stop TB Department  
World Health Organization  
Avenue Appia 20  
Ch1211 Geneva 27  
Switzerland

**Jeremiah Chakaya** E-mail: [chakaya@todaysonline.com](mailto:chakaya@todaysonline.com)  
National TB and Leprosy Programme  
Nairobi  
Kenya

**Anna Volz** E-mail: [avolzgalvez@yahoo.com](mailto:avolzgalvez@yahoo.com)  
TB Regional Program  
Bolivia

**Daku Bulelwa**  
Sanofi-Aventis

Email: [daku.bulelwa@sanofi-aventis.com](mailto:daku.bulelwa@sanofi-aventis.com)

**Reuben Mawela**  
Sanofi-Aventis

E-mail: [reuben.mawela@sanofi-aventis.com](mailto:reuben.mawela@sanofi-aventis.com)