Childhood TB
Landscape Analysis

Progress to-date

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• Rationale for a Landscape Analysis
• Countries included (Asia and Africa)
• Methodology
• Information collected to-date
• Preliminary observations
• Take-away messages
• Q & A
1. Insufficient information on childhood TB

“...uncertainty in estimation has been used to inform...”

“...the difficulties in provision of accurate estimates of childhood TB are widely acknowledged...” - Graham
Why are we doing this?

2. The information we do have is not centralized
The Landscape Analysis

1. One-stop shop for information on childhood TB activities in countries:
   – What is the status of childhood TB programming?
   – Mapping of recent/current studies, results and partners.

2. Tool for advocacy:
   – What are the successes?
   – What/where are the gaps and challenges?

3. Develop strategic approaches:
   – Defining strategic opportunities to build childhood TB programming.
• Products under development:
  
  – **Country tracker**: quick overview of key parameters on childhood TB in select countries
  
  – **Database and report**: deeper dive into childhood TB activities at country level and subsequent narrative analyzing the results
  
  – **Country profiles**: two-page reports on current epidemiology, national policies, partners working in childhood TB, etc.
Countries Included
(Preliminary observations on those in **Bold**)

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<thead>
<tr>
<th>Africa (21)</th>
<th>Asia (20)</th>
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<tbody>
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<td>Nigeria</td>
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Methodology

- Document & Literature Review (103 documents*, 51 articles)
- Key informant interviews (15 conducted)
- Analysis of WHO Data (CNR data for 41 countries)
- Survey to Africa NTP managers (responses from 17 African countries)

* Program reviews (EMM, JMM), TDY reports, Ops, country strategic plans, guidelines, data reports, Global Fund documents
<table>
<thead>
<tr>
<th>Topic</th>
<th>Indicators</th>
<th>Africa (12)</th>
<th>Asia (20)</th>
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<tbody>
<tr>
<td><strong>Political will</strong></td>
<td>Child TB in NSP</td>
<td>92%</td>
<td>60%</td>
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<tr>
<td></td>
<td>Included in NSP budget</td>
<td>92%</td>
<td>15%</td>
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<td></td>
<td>Activity in GF budget</td>
<td>100%</td>
<td>10%</td>
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<tr>
<td><strong>Leadership &amp; advocacy</strong></td>
<td>Active childhood TB working group</td>
<td>50%</td>
<td>45%</td>
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<td></td>
<td>Children as the focus of World TB Day in the past 5 years</td>
<td>0%</td>
<td>55%</td>
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<tr>
<td><strong>Data collection/reporting</strong></td>
<td>CNR/CDR disaggregated by age</td>
<td>100%</td>
<td>65%</td>
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<td></td>
<td>Child TB cases represent 5-15% of total cases</td>
<td>100%</td>
<td>65%</td>
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<td>Outcomes tracked for children (separate from adults)</td>
<td>100%</td>
<td>60%</td>
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<td></td>
<td>HIV data recorded and reported for Child TB</td>
<td>42%</td>
<td>45%</td>
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<td>Reported Child MDR-TB in last year</td>
<td>0%</td>
<td>45%</td>
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<td>Guidelines</td>
<td>National Childhood TB guidelines</td>
<td>100%</td>
<td>85%</td>
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<td>Childhood TB training in the past 3 years</td>
<td>17%</td>
<td>50%</td>
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<td></td>
<td>Childhood TB module included in overall training</td>
<td>0%</td>
<td>55%</td>
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<td></td>
<td>Separate training on child TB case management</td>
<td>0%</td>
<td>50%</td>
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<td>Pediatric FDCs</td>
<td>Mentioned in guidelines</td>
<td>100%</td>
<td>55%</td>
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<tr>
<td></td>
<td>Available at district level</td>
<td>8%</td>
<td>0%</td>
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<tr>
<td>Prevention</td>
<td>IPT National Policy for children of household contacts</td>
<td>100%</td>
<td>80%</td>
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<td></td>
<td>In line with WHO rapid advice of 10mg/kg</td>
<td>58%</td>
<td>0%</td>
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<td></td>
<td>Pediatric INH available</td>
<td>67%</td>
<td>45%</td>
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<tr>
<td></td>
<td>NTP has contact screening register</td>
<td>42%</td>
<td>40%</td>
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<tr>
<td></td>
<td>Child IPT data recorded and reported</td>
<td>0%</td>
<td>55%</td>
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<tr>
<td>Screening &amp; Referral integrated</td>
<td>Is screening and referral integrated into other programs (e.g. HIV, MCH, etc.)</td>
<td>8%</td>
<td>50%</td>
</tr>
<tr>
<td>Operational research</td>
<td>Operational Research for childhood TB being conducted</td>
<td>58%</td>
<td>45%</td>
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NTP reported challenges

1. Difficulties with diagnosing TB in children - 56% reported this as the biggest challenge
2. Health system shortcomings - 33%
3. Difficulties with identifying & protecting children at highest risk of TB - 28%
4. Lack of data to support funding and planning - 17%
5. Lack of community awareness and CSO support - 39% reported this as the smallest challenge
Consolidating and analyzing the information

**If we understand these to be challenges?**

1. Difficulties with diagnosing TB in children
2. Difficulties with identifying & protecting children at highest risk of TB

**How do we use the LA to respond?**

- NSP Cascade (Funding)
- Guidelines cascade (Organizational)
- IPT cascade (Operationalization)
Cascade of NSP to GF/CN and work plans....
Africa (n=12), Asia (n=20)

NSP has section on child TB and budget reflects that commitment

Asia – 60%, 15%
Africa - 75%, 33%

GF successfully negotiated, with child TB support included in final documents.

AA

Work plans by NTP and partners align with CN and budget allocation

Asia – TBD
Africa - TBD
Cascade of NSP to GF/CN and work plans....
Africa (n=12), Asia (n=20)

NSP has section on child TB and budget reflects that commitment
- Asia – 60%, 15%
- Africa - 75%, 33%

Concept note includes section on child TB; specific budget to support child TB
- Asia – 20%, TBD
- Africa - 25%, TBD
Cascade of NSP to GF/CN and work plans....
Africa (n=12), Asia (n=20)

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- Asia – TBD
- Africa - TBD

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- Asia – TBD
- Africa – TBD
Cascade of Guidelines - from policy to practice....
Africa (n=12), Asia (n=20)

National GL include Child TB
- Asia – 80%
- Africa – 100%
Cascade of Guidelines - from policy to practice....
Africa (n=12), Asia (n=20)

National GL include Child TB
- Asia – 80%
- Africa – 100%

Stand-alone Child TB GL developed and disseminated
- Asia – 45%
- Africa – 25%
Cascade of Guidelines - from policy to practice....
Africa (n=12), Asia (n=20)

- National GL include Child TB
  - Asia – 80%
  - Africa – 100%

- Stand-alone Child TB GL developed and disseminated
  - Asia – 45%
  - Africa – 25%

- Targeted Training on Child TB GL
  - Asia – 40%
  - Africa – 17%
Cascade of Guidelines - from policy to practice....

Africa (n=12), Asia (n=20)

- National GL include Child TB
  - Asia – 80%
  - Africa – 100%

- Stand-alone Child TB GL developed and disseminated
  - Asia – 45%
  - Africa – 25%

- Targeted Training on Child TB GL
  - Asia – 40%
  - Africa – 17%

- Monitoring and measuring to determine impact and uptick on Child TB diagnoses or referrals
  - Asia – TBD
  - Africa – TBD
Cascade of IPT from Policy to Practice…
Africa (n=12), Asia (n=20)

**National IPT Policy**

<table>
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Pediatric formulations for INH

**Recording and reporting of IPT initiation and completion**

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Cascade of IPT from Policy to Practice...
Africa (n=12), Asia (n=20)

National IPT Policy

- Asia – 80%
- Africa – 100%

Pediatric formulations for INH

- Asia – 45%
- Africa – 67%
Cascade of IPT from Policy to Practice...
Africa (n=12), Asia (n=20)

- National IPT Policy
  - Asia: 80%
  - Africa: 100%

- Pediatric formulations for INH
  - Asia: 45%
  - Africa: 67%

- IPT registers developed and disseminated
  - Asia: 35%
  - Africa: 25%
Cascade of IPT from Policy to Practice…
Africa (n=12), Asia (n=20)

National IPT Policy
- Asia: 80%
- Africa: 100%

Pediatric formulations for INH
- Asia: 45%
- Africa: 67%

IPT registers developed and disseminated
- Asia: 35%
- Africa: 25%

Recording and reporting of IPT initiation and completion
- Asia: ?
- Africa: ?
Take away messages

- Advocating for Funding is key:
  - NSP, GF CNs, incorporation of child TB into GF allocations and NTP work plans necessary
- Organizing service delivery is important
  - Ensure GL enable HW’s to provide services, train and equip HWs, track progress
- Operationalizing service delivery
  - Implement policy (equip HW and communities to implement “low hanging fruit” activities)
What do we still need to know?

- Who are your current “champions” for childhood TB?
- What funding support for childhood TB is reflected in your NSP and CN in your country?
- Is your country conducting routine training in childhood TB?
- How is your country operationalizing childhood TB contact case management and monitoring IPT to completion?
- What operational research is being conducted in your country on childhood TB?