Report on recent activities of the Child and Adolescent TB Working Group

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15th Child and Adolescent TB WG annual meeting, the Hague, Netherlands
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Outline

• Quick facts update
• WG activities in 2017/2018
• UNHLM- Key commitments relevant to children and adolescents
• The role of WHO and its partners
Quick facts

- At least 1 million children (<15y) become ill with TB every year\(^1\) (~527,000 boys and 476,000 girls in 2017), 52% under 5 years of age

- Children represent about 10-11% of all TB cases; higher (15%) in high burden countries.

- In 2017, 233,000 children died of TB including 39,000 TB deaths (17%) among children who were HIV positive\(^1\).

- Mortality rate in children 23% compared to overall 16%

- It is estimated that 67 million children are infected with TB and therefore at risk of developing disease in the future\(^2\).

- Researchers estimate that 25,000 children develop multi-drug resistant TB every year\(^2\).

- Data on TB among adolescents (10-19y) cannot be easily analysed as countries report by 0-4, 5-14 years (children) and 15-24 - reporting mechanisms need further refinement

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1. Global Tuberculosis Report, World Health Organization 2018
Progress in child TB case notification

Trends in TB case detection in children (0-14 years)

Notified 0-14y  Missing  % 0-14 of total TB notified
Progress in provision of preventive therapy to household contacts under 5 years of age

Trends in provision of preventive therapy to under-5 household contacts

- Eligible
- Preventive therapy provided
- % receiving preventive therapy

2015: 7.3
2016: 12.4
2017: 22.5

World Health Organization
The case detection gap

% of TB patients that are missed in different age groups

- TB reporting gap is biggest among younger children: 69%
- <5 years: 31%
- 5–14 years: 60%
- All other ages combined: 65%

Overall 55% of estimated children with TB (0–14 years) are not reported to national TB programmes.

TB can be a cause or co-morbidity of common child illnesses, especially pneumonia and malnutrition. More specific tests are needed to improve diagnosis. (Oliwa, 2015; Patel and Detjen, 2017)
The prevention gap

Globally in 2017, **over 75%**
(of 1.3 million eligible household contacts under 5 years of age)
**did not access preventive therapy**

**WHO recommends TB prevention including:**
- Preventive therapy
- Infection control measures
- BCG vaccination

In the 158 countries for which data on BCG coverage are available, **120 reported coverage of at least 90% in 2017**
Activities of the working group in 2017: Global

- Annual meeting of the Child and Adolescent TB Working Group,
  - 9 October 2017, Kigali, Rwanda
- 47th Union Conference,
  - 11-14 October 2017, Guadalajara, Mexico
- First Global Ministerial Conference "Ending TB in the SDG era: a multi-sectoral response,
  - 16-17 November 2017, Moscow, Russian Federation.
Activities of the working group in 2018: at global level

• Sentinel Group meeting on Child friendly formulations for second line TB drugs, 29-30 January 2018, Cape Town, South Africa

New DR-TB Formulations
(Added to GDF Catalog May 2018)

- Pyrazinamide 150 mg*
- Ethionamide 125 mg*
- Levofloxacin 100 mg*
- Moxifloxacin 100 mg*
- Cycloserine 125mg

New DS-TB Formulations
(Added to GDF Catalog May 2018)

- Ethambutol 100 mg*
- Isoniazid 100 mg*
Activities of the working group in 2018: at global level

• Launch updated WHO position on BCG vaccination
  • February 2018

• Launch of the WHO Updated and Consolidated Guidelines for Programmatic Management of LTBI
  • February 2018

• Commentary in Lancet Global Health
  • World TB Day
Activities of the working group in 2018: at global level

• 2nd International meeting on Childhood Tuberculosis, pTBNet
  • 21-23 March 2018, Vilnius, Lithuania

• Launch of WHO Quality of care standards for children and young adolescents in health facilities with quality statement on children at risk for TB and/or HIV infection
  • 24 May 2018

• Small writing team meeting to review first draft of the updated roadmap hosted at KNCV
  • 14-15 May 2018, The Hague
Activities of the working group in 2018: at global level

- Union side event to WHA "United to end TB - priorities for the UNHLM on TB" with launch of Union publication on “Silent epidemic: a call to action against child tuberculosis”

- GDF includes child-friendly formulations of second-line drugs in catalogue,
  - May 2018 – GDF

- UN HLM Civil Society Hearings on 5 June 2018, NYC, USA –
  - Farhana, Anne, Lindsay, Catherine Connor (EGPAF)

- 18th Strategic and Technical Advisory Group meeting, 6-7 June 2018, NYC, USA
Activities of the working group in 2018: at global level

- Initiative on Stigma in Children by the Global Coalition of TB Activists
  - Aug 2018 - Bless Kumar
- Child and Adolescent TB Working Group has a logo
- WHO Rapid Communication for MDR and RR TB,
  - Aug 2018
- XIIth International Child TB training course organized by the Desmond Tutu TB Centre,
  - 9-14 September 2018, South Africa
Activities of the working group in 2018: at global level

• Committing to end TB in Children, Adolescents and Families/side event to UNHLM on TB to launch 2018 Roadmap and accompanying documents,
  • 24 September, Scandinavia House, NY
  • UNICEF/WHO/STP
  • Roadmap, best practices document, research priorities
• Social media kit for child and adolescent TB
Child and Adolescent Roadmap: Key actions

Roadmap towards ending TB in children and adolescents

- End the tuberculosis epidemic by 2030
- Encourage child and adolescent TB research
- Implement integrated family- and community-centred strategies
- Improve data collection, reporting and use
- Scale-up child and adolescent TB case finding and treatment
- Bridge the policy-practice gap
- Foster functional partnerships for change
- Strengthen advocacy at all levels

Note: Many of these key actions can and should be implemented simultaneously.
Examples of Best practices in Child and Adolescent TB Care

http://apps.who.int/iris/bitstream/handle/10665/274373/9789241514651-eng.pdf
Key action 10: Encourage child and adolescent TB research

Activities of the working group in 2018: at global level

• UN High Level Meeting on TB, 26 September 2018, NY, USA
• Meeting with project countries of Unitaid paediatric TB grants, Monday 22 October 2018, The Hague, The Netherlands
UNHLM Key Commitments

The declaration includes two major global targets for the next five years:

(i) 40 million people with TB to be reached with care during the period 2018 and 2023, including 3.5 million children and 1.5 million people with drug-resistant TB; and,

(ii) At least 30 million people to be reached with TB prevention services during the period 2018-2023 including 4 million children under 5 years of age, 20 million other household contacts and 6 million people living with HIV (including children).
Activities of the working group in 2018: at Regional level

• RMNCH & Nutrition Program Managers' meeting for Eastern and Southern African countries
  • 10-13 October 2017, Kigali, Rwanda

• Global Fund/TDR workshop on finding missing TB cases in countries of West and Central Africa
  • 26-28 March 2018, Cotounou, Benin
Global and regional action: WHO and partners (1)

- **Highlight challenges and opportunities** in all relevant fora
- **Address childhood TB as a child health issue** within WHO across departments as well as with partners through better collaboration and harmonization
- **Continue to organize annual meetings** of the Child and Adolescent TB working group with regional working groups and variety of stakeholders
- **Assist countries to find ways and mobilize resources** to move from projects to a programmatic approach
- **Promote research and development:** point of care diagnostic test for TB disease and infection; shorter treatments; more effective vaccines; country specific pathway analysis with an equity focus; cost savings of integrated versus NTP alone (“vertical”) approaches; analysis of the cost of action versus cost of inaction
Global and regional action (2)

Child TB firmly on global agenda; Better burden data; Increased advocacy, awareness; Guidance, guidelines, training and assessment tools; Global and regional task forces and national child TB working groups; ongoing decentralization of TB services and capacity; prioritization of GeneXpert MTB/RIF; integration of TB into child health programmes and approaches; child-friendly FDCs; inclusion of children in clinical trials; increased funding through international donors; New coalitions.
Thank you for your attention!

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