Child TB subgroup update

2015
Update

- Membership now over 200
- New members of core group in 2015
  - Betina Mendez Alcântara Gabardo, Chair, Child TB Advisory Committee of the Americas
  - Anna Scardigli, The Global Fund
  - Valérie Schwoebel, The Union
  - Keri Lijinsky, USAID, Bureau for Africa
  - Ya Diul Mukadi, Senior TB Advisor, USAID Global Health Bureau
  - Eleanor (Ellie) Click, CDC USA
  - Pervaiz Tufail, Civil Society
  - Anne Detjen, UNICEF

- Core group conference calls in 2015: March 10, July 14, Oct 6

- Future chair – elect at annual subgroup meeting in 2016
Increasing recognition that TB is an increasingly important cause of morbidity and mortality in infants and young children globally.
There are many contributions which the pediatrician can make to a TB control program.

First the negativism about tuberculosis so prevalent in pediatrics must be overcome...

Edith Lincoln, 1961
“Know your epidemic”

Global progress in reporting of TB cases among children, 1995–2014. Left panel: Number of notifications of cases among children reported to WHO. Right panel: Percentage of case notifications reported to WHO that are age-disaggregated.
“Know your epidemic”

Reporting of new and relapse TB case notifications disaggregated by age, 2014
“Know your epidemic”

TB in children (0-14 yrs)
358,521 reported in 2014 - 30% higher than for 2013

Best estimates:
1,000,000 cases (UI: 900,000-1,100,000) or 10.4% of total caseload
140,000 deaths (cf.80,000 estimated for HIV uninfected in 2013)
ROADMAP FOR CHILDHOOD TUBERCULOSIS

- 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
THE END TB STRATEGY

Global strategy and targets for tuberculosis prevention, care and control after 2015

| VISION | A world free of tuberculosis – zero deaths, disease and suffering due to tuberculosis |
| GOAL | End the global tuberculosis epidemic |
| INDICATORS | MILESTONES | TARGETS |
| | 2020 | 2025 | SDG 2030* | END TB 2035 |
| Reduction in number of TB deaths compared with 2015 (%) | 35% | 75% | 90% | 95% |
| Reduction in TB incidence rate compared with 2015 (%) | 20% (<85/100 000) | 50% (<55/100 000) | 80% (<20/100 000) | 90% (<10/100 000) |
| TB-affected families facing catastrophic costs due to TB (%) | Zero | Zero | Zero | Zero |
Proposed post-2015 Global TB Strategy

Pillars and principles

- Integrated, patient-centered TB care and prevention
- Bold policies and supportive systems
- Intensified research and innovation

Government stewardship and accountability, with monitoring and evaluation

Building a strong coalition with civil society and communities

Protecting and promoting human rights, ethics and equity

Adaptation of the strategy and targets at country level, with global collaboration
People-centred TB care

Community Health care organizations

Engagement & Partnership

Risk group BCG & LTBI

Social determinant

Social protection

Infection and become sick

Patient

Treatment and care

Community health workers

Health care organizations

Health Workers

Community health workers

Health system capacity

Laboratory network

Governance and stewardship

Treatment and care for all
Global Plan to Stop TB 2016-2020

Included End TB goals for 2025..........

• 90% or more of children who have been exposed to TB receive preventive therapy

• 90% or more of people in close contact with all people diagnosed with TB should be evaluated for TB
FRAMEWORK TOWARDS TB ELIMINATION IN LOW-INCIDENCE COUNTRIES 2014
WHO LTBI taskforce

Current estimates: one-third of global population infected i.e. > 2 billion with 10% lifetime risk of TB disease

Established 2015 with aim to raise the profile of programmatic management of LTBI particularly in low incidence countries, including monitoring and evaluation of implemented activities, as well as promoting research.

The purpose of the Task Force is to:

• Analyse bottlenecks, identify innovative approaches and unblock barriers for implementation of the guidelines at global and national level.

• Develop a framework to monitor and evaluate the implementation of LTBI management, including standardised indicators.

• Promote research on LTBI by identifying knowledge gaps, and define priorities in both fundamental and operational research.

• Contribute to the process for the re-estimation of the global burden of LTBI.
Notified cases in Australia (2003-2012) in overseas-born children by years since arrival

Note that in USA, recently introduced enhanced pre-migration screening for LTBI followed by CXR (if positive) in children (2-14 years) examined in countries where WHO TB incidence is ≥ 20 per 100,000 population per year.
Job aides

Desk-guide for diagnosis and management of TB in children

Management of Multidrug-Resistant Tuberculosis in Children: A Field Guide

International Union Against Tuberculosis and Lung Disease
Health solutions for the poor

Desk-guide for diagnosis and management of TB in children

Guide de diagnostic et de prise en charge de la tuberculose chez l'enfant
Technical assistance

- Sri Lanka
- Pakistan NTP review
- Bangladesh
- Nepal
- India – JMM
- China – ToT
- Viet Nam
- The Philippines
Regional TB meetings – child TB with NTP

- Childhood TB consultation for the African region, April 20-21, Johannesburg
- Eastern Mediterranean NTP Manager’s meeting, Sept 6-8, Cairo
- Regional Meeting on child TB in the Americas, October 21-22, Brasilia
- South-East Asian Regional NTP meeting, October 26-30, Colombo
- Regional consultation on child TB in European Region, November 11-15, Copenhagen
- Western Pacific Regional NTP manager’s meeting – postponed to Q1, 2016
Framework for addressing Childhood tuberculosis

in the African Region

for National TB Programmes
Activities

• WHO consultation on research for TB – Stockholm, Nov 2014
• World TB Day 2015 – launch of e-learning course
• Ethics meeting, May 2015, Switzerland
• STAG TB, June 2015, Geneva – session on child TB
• Global Health Practitioner Conference, Washington, October

• KNCV – child benchmarking tool developed
• NIH new diagnostics - SOPs
• TAG’s annual pipeline report
• Advisory Panel for Global TB Alliance, NY
STEP-TB project

launch of new dispersible FDCs for treatment of children with drug-susceptible TB 1\textsuperscript{st} December

manufacturer identified – 15 USD per course

WHO collaborating with TB Alliance and UNICEF

IJTLD supplement issue December 2015

Lunchtime symposium today!
RESEARCH ARTICLE

Understanding Market Size and Reporting Gaps for Paediatric TB in Indonesia, Nigeria and Pakistan: Supporting Improved Treatment of Childhood TB in the Advent of New Medicines

Renia Coghlan¹*, Elizabeth Gardiner²*, Farhana Amanullah³*, Chikwe Ihekweazu⁴*, Rina Triasih⁵*, Malgorzata Grzemska⁶*, Charalambos Sismanidis⁶*
Example of a weight band table when using the “new” FDC being developed

<table>
<thead>
<tr>
<th>Weight bands</th>
<th>Intensive Phase</th>
<th>Continuation Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RHZ 75/50/150</td>
<td>E 100</td>
</tr>
<tr>
<td>4-7kg</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>8-11kg</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>12-15kg</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>16-24kg</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>25 kg+</td>
<td></td>
<td>Go to adult dosages and preparations</td>
</tr>
</tbody>
</table>
TAG started tracking pediatric TB R&D spending in 2010

Actual pediatric TB R&D spending is tracked against the $200 million target for 2011–2015 published in the *Roadmap for Childhood Tuberculosis*

The *Global Plan to End TB* includes some pediatric TB R&D funding targets for 2016–2020

2015 Report Findings

- 20 funders reported pediatric TB R&D spending
- In 2014, funders gave **$25.7 million** to research related to pediatric TB

*The full report is available here: [http://www.treatmentactiongroup.org/tbrd2015](http://www.treatmentactiongroup.org/tbrd2015)*
Pediatric TB R&D Funding by Research Category, 2014

Total: $25,749,039

- Vaccines: $6,106,340 (24%)
- Basic Science: $2,768,273 (11%)
- Operational Research: $2,483,335 (9%)
- Diagnostics: $2,296,979 (9%)
- Infrastructure/Unspecified: $480,500 (2%)
- Drugs: $11,613,612 (45%)

Cf. 25.3 million in 2013
Research

• New (and old) diagnostics
• Epidemiology in at-risk groups
• Preventive therapy – DS and DR
• Shorter treatment regimens
• Second line and new drugs – PK and safety
Reference standards and SOPs
Welcome to the Childhood TB Learning Portal. We support the development of knowledge, skills and networks for those involved in the prevention, diagnosis and management of children with TB. You can complete free, online courses, explore additional resources and join a community of peers dedicated to beating childhood TB.
Childhood TB for Healthcare Workers: an Online Course
Childhood TB for Healthcare Workers: An Online Course

• Launched in 2015 by The Union in collaboration with the World Health Organization
• Available in English and French
• Additional languages being considered
• Course covers how to diagnose, treat, and prevent childhood TB, including how to perform contact screening
• Designed for healthcare workers at the primary and secondary levels of the healthcare system
To come in 2016/17: Facilitator guide for online training

• Goal: to apply concepts learned in the online course to one’s work setting in order to improve the care of children with TB
• Provides information necessary to lead a facilitated session
• Can be adapted to different practice locations
• Organized by module and follows format of the online course
Childhood MDR-TB for Healthcare Workers: An Online Course

- Similar process and format as *Childhood TB for Healthcare Workers: An Online Course*
- Designed for more specialized audience
- Goal is to link healthcare workers with existing resources and evidence to gain confidence to treat children with MDR-TB
- 5 modules
  1. Introduction
  2. Diagnosis
  3. Treatment
  4. Programme Management
  5. Comprehensive Review
POLICY BRIEF

Post-Exposure Management of Multidrug-Resistant Tuberculosis Contacts: Evidence-Based Recommendations
Thanks to you all