



**Annual meeting of the Childhood TB Subgroup
Hotel Maya
Kuala Lumpur, Malaysia, 11 November 2012**

Meeting Report

Background

This ninth annual meeting of the childhood TB subgroup was held on 11 November 2012 in Kuala Lumpur, Malaysia. The meeting was divided into two parts. The morning session discussed country-level experience in policy implementation. The afternoon session focused on the implications of the post-2015 TB strategy for the field of childhood TB.

The purpose of this meeting was

- To present and discuss with the subgroup members recent developments in the area of Childhood TB including the updated guidance for national tuberculosis programmes on the management of tuberculosis in children and the steps taken towards the development of new FDCs.
- To present the draft Childhood TB roadmap, discuss outstanding technical issues that require further input from the subgroup members, and plan the way forward (how to best assist countries in scaling up Childhood TB activities).
- To present the work on the post-2015 TB strategy (exact name to be determined) and to discuss the implications for Childhood TB.

The meeting was widely attended by the members of the subgroup, NTP managers and other representatives from high TB burden countries, partners and WHO staff.

This report outlines the main issues discussed during the meeting. The agenda appears in Annex 1 and the list of participants in Annex 2. All the presentations from the meeting are available online.

1. Report from Chair on the 2012 activities of the Childhood TB subgroup – Steve Graham

In the past year the childhood TB subgroup has been involved in many activities:

- Updating the 2006 document “Guidance for national tuberculosis programmes on the management of tuberculosis in children”. The guideline development group met in Geneva from 17 – 19 July 2012, and the peer review process is now coming to a close. The guidance is anticipated to be submitted for editing and official WHO approval at the end of this year. The guidance has several updated recommendations, and has an increased focus on MDR-TB, TB/HIV, and integrated care.
- World TB Day 2012, in March 2012. Childhood TB was the theme of this year’s world TB day, which facilitated increased advocacy and attention on childhood TB that started at the Stockholm International Childhood TB Conference organized by ECDC in 2011 and advocacy documents on childhood TB released by WHO/Stop TB Partnership, MSF and RESULTS.
- Childhood TB Roadmap. This document is in the process of being updated, and was discussed later in the day of the Childhood TB Subgroup Meeting.
- Facilitating connections with other healthcare areas, especially child survival in collaboration with UNICEF. Discussions are ongoing to determine how childhood TB can best connect with the UNICEF child survival group, despite the perception that childhood TB is seen as having “insufficient mortality rates” to be included in the child survival agenda.
- The pediatric FDCs meeting in South Africa on 5 May 2012. The group issued a recommendation on the ideal ratio and composition of a new FDC, preferring RHZ (75/50/150) to a formulation containing E for maximum relevance across both HIV-endemic and non-endemic settings. There is still a need for more research on second-line drugs in children.

Dr Graham highlighted main issues in the update of the second (2012) edition of the childhood TB guidance, which were new diagnostics (IGRA and Xpert MTB/RIF), BCG administration in case of potential or confirmed HIV, the safe and effective dosage of INH, and IPT in children living with HIV. Dr Graham also discussed the key needs in childhood TB, including better data and reporting, new diagnostics in children, increased culture facilities in-country, and integration with other healthcare sectors. Childhood TB has been getting more attention in NTPs, with some countries having developed separate chapters and even separate manuals/guidelines on childhood TB.

2. Report from Partners on their recent activities

NTPs from various countries discussed the challenges that they have faced in recent years in childhood TB. Themes that arose included sufficient training on diagnosis and treatment of childhood TB, decentralizing and making available new diagnostic technologies, engagement of the private sector in childhood TB diagnosis and reporting, availability of drugs in compliance with updated WHO guidance (and inclusion in NTP guidelines), and adequate dosing among children due to weight gain.

3. Presentation on Childhood TB Roadmap – Heather Menzies

Dr Heather Menzies presented an outline of the current “Childhood TB Roadmap” document; an overview of outstanding technical issues that need to be addressed; and plans for launching of the roadmap and the way forward. The theme of the document is “getting to zero”, in other words, decreasing childhood TB incidence and prevalence through country-specific plans, better reporting, and community-based strategies of care. A first draft of the document will be completed by December, and then the final version will be ready for World TB Day 2013 in March 2013. The document will have logos of the WHO, Stop TB Partnership, The Union, CDC and, potentially, UNICEF, but first and foremost it is a document of the childhood TB subgroup.

Dr Menzies thanked the members of the childhood TB subgroup for sending their feedback on the roadmap, and said that some key themes in the feedback were a need for highlighting integration with maternal and child health, for increased focus on adolescents (as well as the issue of the reporting cutoff at age 15), and for clarifying coordination between the NTP, the TB partnership, and the Stop TB Department.

Members of the childhood TB subgroup also gave comments on the “Roadmap” document. The role of caregivers should be more adequately addressed given that they are crucial in the child’s treatment. Adolescents with TB were also discussed, and the consensus of the subgroup was that adolescents should be discussed in both adult and childhood TB guidelines, since they require adult dosing but have similar issues to children (disclosure, not targeted by adult TB programs, etc.). Several country representatives from the AFRO region said that WHO and other guidelines often underestimate the knowledge base and expertise that exists within many countries, and suggested that the roadmap encourage consultations and incorporation of pediatricians, health care workers, NTPs, and others within countries to have a unified approach to childhood TB.

4. Presentation on “Caring for children with tuberculosis: how much will it cost?” – Babis Sismanidis

Dr Babis Sismanidis presented the work of Ms Ines Garcia Baena, a health economist contracted by the STB department. This was a costing exercise for global costs of preventing, researching new diagnostics for, implementing, and treating childhood TB from 2011 – 2015, done for the purpose of inclusion in the Child TB Roadmap, and Dr Sismanidis asked for comments and feedback to improve the estimate.

A specific cost estimate was generated for each of the seven highest-burden countries, and a costing exercise was also done for the rest of the world more generally. Implementing the 2012 childhood TB guidance is estimated to cost between 84 – 381 USD per child. A key caveat to the exercise that Dr Sismanidis highlighted was that the exercise used notified TB cases rather than all incident TB cases, meaning that this program would become more expensive as we close the diagnosis and reporting gaps for childhood TB.

Feedback on the costing exercise highlighted the need to add the cost of IPT (and who should pay for it), the costs of various treatment outcomes, that the cost per child for diagnosis is too low, that the prevalence of childhood TB was underestimated in the exercise, and that the

costing exercise should not provide the minimum amount of money necessary to address childhood TB but rather the range of the estimated budget for more effective advocacy.

The need for better recording and reporting of childhood TB from the country level in order to improve costing exercises was emphasized. In addition, better advocacy from NTPs is needed for better visibility of childhood TB in their countries. All agreed that the costing exercise would be a very useful advocacy tool to convince potential donors and others of the importance of childhood TB.

5. Childhood TB Roadmap: Discussion on technical issues that require contributions from the subgroup

Members of the subgroup suggested useful additions or changes to the Roadmap document:

- It was suggested that the training of community health workers (CHWs) who may never have received training in childhood TB should be prioritized over that of healthcare practitioners who might have already received repeated training, with a focus on capacity-building.
- Adding childhood TB to the IMCI child health agenda was suggested as important. For example, ensuring competency in skills important for diagnosing childhood TB (ex. gastric aspirates) does not only help for childhood TB; it is a basic nursing skill that helps all childhood illnesses.
 - Add child TB question to the Road to Health Card?
- The document should have a more clear country focus, to describe what can be done at a country level, who should be responsible for which tasks, and how to go about it.
 - We should have a focal point within the NTP / a “champion” for pediatric TB at least within all high-burden countries.
 - Should every country have a child TB subgroup to enhance accountability?
 - We must advocate for standardized, consolidated country NTP guidelines on child TB.
- The document should be finalized as soon as possible so that it can be put into use.
- A range should be given for the costing exercise, with emphasis on the upper end of the range and the sensitivity of the range.
- The document should emphasize the family-based approach to TB, along with practical examples of this and practical implementation strategies including reverse contact tracing.
- Inclusion of setting-specific (TB burden, resources available) recommendations on how to approach diagnosis, treatment, etc., including the selective use of expensive diagnostic tests in low-resource settings.
- Document should be strategic in what it advocates for, so that progress is made. For example, ensuring that existing diagnostics are being scaled up and used appropriately.
- An issue to consider is that most countries do not have a budget line for “pediatric TB”, so how does this affect the costing exercise?
- How do we consider the private sector in the costing exercise and in the Roadmap? Including the private sector will increase costs for the exercise, but in countries like India where 75-80% of all patients have first contact with the private sector, it is

critical. The first priority item for the private sector is to register all treated cases with the NTP.

- People working in-country should submit as soon as possible to Heather Menzies and Steve Graham a short bullet-point list of examples of key projects implemented in the field, challenges, specific models of care that were implemented (including which sectors were involved), or success stories. These could be suggested by the subgroup as implementation pilot projects for many countries, and NTPs and NGOs in-country could then collect data on these projects in order to answer the current implementation question of how best to address childhood TB.
- We must emphasize and advocate for universal access to diagnostics (including expensive diagnostics like CXR) by going beyond NTPs.
- We must take advantage of the role of the media in influencing political will. Example from Ghana NTP of talking on radio about lack of TB drugs, and subsequent provision of funding for drugs.

6. Update on the development of the post-2015 TB strategy – Malgosia Grzemska

Dr Malgosia Grzemska updated the childhood TB subgroup on the development of the post-2015 TB strategy. The TB community has achieved Millennium Development Goal (MDG) 6 to “stop and reverse the incidence” of TB, even though TB was not specifically mentioned in this MDG. The next step is to diagnose and treat the most vulnerable and hardest-to-reach patients, to move toward the Vision of a world free of TB.

The wording of the post-2015 strategy is still being finalized, but the document emphasizes TB as a family (not an individual) illness and the “Three Pillars” of the TB strategy: Innovative TB Care, Bold policies and supportive systems, and Intensified research. The post-2015 strategy will also propose new targets for TB mortality and morbidity.

7. Discussion on priorities for 2013 and beyond

There were many suggestions for future priorities for the childhood TB subgroup including:

- All subgroup members were encouraged to attend the Stop TB Symposium on 12 November 2012 to further contribute to the discussion on “post-2015 strategy”. Children should be included in clinical trials on new and existing drugs
- From the WHO perspective, there are three main projects ongoing for the childhood TB subgroup: the 2012 update of the Guidance, the Child TB Roadmap, and trainings (affiliated with the Guidance).
- It was also suggested that the subgroup establish a formal mentoring process by current child TB subgroup members who are working in-country, to help child TB experts in other high-burden countries.

Annex 1: Agenda

Agenda Childhood TB subgroup meeting - 11 November 2012		09:00 - 17:30
08:30 - 09:00	<i>Registration</i>	
09:00 - 09:05	Opening and welcoming words	Chair
09:05 – 10:00	Report from Chair on the 2012 activities of the Childhood TB subgroup	Chair
10:00 - 10:30	Report from Partners on their recent activities	Partners
10:30 - 11:00	<i>Coffee break</i>	
11:00 - 12:30	Childhood TB Roadmap: Presentation of an outline of the current document; an overview of outstanding technical issues that need to be addressed; and plans for launching of the roadmap and the way forward.	Heather Menzies and other members of the Roadmap Committee
12:30 - 14:00	<i>Lunch break</i>	
14:00 - 15:30	Childhood TB Roadmap: Discussion on technical issues that require contributions from the subgroup	All
15:30 – 16:00	<i>Coffee break</i>	
16:00 - 16:30	Update on the development of the post-2015 TB strategy	Malgosia Grzemska
16:30 – 17:00	Discussion on priorities for 2013 and beyond	All
17:00 – 17:30	Wrap up and closure (including announcement of the Stop TB Symposium)	Chair

Annex 2: List of participants

Childhood TB subgroup members

1.	<p>Dr Lisa V. ADAMS Associate Dean for Global Health Assistant Professor of Medicine, Section of Infectious Disease and International Health Geisel School of Medicine at Dartmouth 1 Rope Ferry Road Hanover, NH 03755 United States of America E-mail: Lisa.V.Adams@Dartmouth.edu</p>
2.	<p>Dr Suryati ADNAN Head and Consultant Pediatrician Department of Pediatrics Hospital Sultan Haji Ahmad Shah 28000 Temerloh, Pahang Malaysia Email: drsuryati_adnan@phg.moh.gov.my</p>
3.	<p>Dr Farhana AMANULLAH Head, Pediatric Department Director of Pediatric TB The Indus Hospital Korangi Crossing 75190 - Karachi PAKISTAN Email: farhana.maqbool@irdresearch.org</p>
4.	<p>David BRYDEN RESULTS Email: dbryden@results.org</p>
5.	<p>Dr Sri CHANDER Regional Health Advisor, Asia Pacific Region World Vision - Asia Pacific Regional Office Res: +65 6348 3811 Office: +65 6511 7100 Fax: +65 6243 5826 E-mail: sri_chander@wvi.org Office Address: 750B Chai Chee Road #03-02, Technopark @ Chai Chee, Singapore 469002</p>
6.	<p>Alberto COLORADO Patient Advocate International Public Health Consultant Advocates for Health International 6105 Broadmoor Dr. La Mesa, California USA 91942 Phone: (619) 460-6630 Email: actbistas@gmail.com</p>

7.	<p>Professor Luis CUEVAS Professor of Tropical Epidemiology Liverpool School of Tropical Medicine Pembroke Place, Liverpool L3 5QA UK lcuevas@liv.ac.uk</p>
8.	<p>Dr Seyoum DEJENE Team Leader, Infectious Diseases USAID Uganda Email: sdejene@usaid.gov</p>
9.	<p>Danielle DOUGHMAN, MSPH ACTION Deputy Director RESULTS Educational Fund ACTION 1730 Rhode Island Avenue NW Suite 400 Washington, DC 20036 202.783.4800 x108 Skype: ddoughm www.action.org Email: ddoughman@results.org</p>
10.	<p>Mr Vijaykumar EDWARD World Vision India Director Health 16 V.O.C. Main Street Kodambakkam, Chennai India 600024 Email: Vijay_Edward@wvi.org</p>
11.	<p>Dr Anthony ENIMIL Paediatrician specialist (infectious disease sub-specialist) Head, Paediatric Tuberculosis Clinic Komfo Anokye Teaching Hospital P O Box KS 1934 Kumasi-Ghana-West Africa 00233208164433/00233261710579 Email: tenimil@live.com</p>
12.	<p>Anne FANNING Chair, Stop TB Canada British Columbia TB Ambassador Email: anne.fanning@ualberta.ca</p>
13.	<p>Deliana GARCIA Director International Projects, R & D Migrant Clinicians Network P.O. Box 164285 Austin, Texas 78716 United States of America Email: dgarcia@migrantclinician.org</p>

14.	<p>Dr Agnes GEBHARD KNCV TB Foundation The Netherlands Email: gebharda@kncvtb.nl</p>
15.	<p>Professor Robert GIE Department Head, Department of Paediatrics & Child Health University of Stellenbosch, Faculty of Medicine P.O. Box 19063, 7505 Tygerberg, South Africa Tel: +27 21 938 9444; Fax: +27 21 938 9138 Email: RPG1@sun.ac.za</p>
16.	<p>Dr Stephen GRAHAM - chair of the subgroup Associate Professor of International Child Health, Department of Paediatrics, The University of Melbourne Honorary Consultant Paediatrician, Department of General Medicine Honorary Research Fellow, Murdoch Children's Research Institute Royal Children's Hospital Melbourne 2 East Offices 50, Flemington Rd, Parkville, 3052 VIC Australia Tel: +61 3 9345 4788 and +61 3 9345 5522 (Switchboard) Home: +61 3 9481 8303 Fax: +61 3 9345 6667 Email: steve.graham@rch.org.au</p>
17.	<p>Dr Jeffrey HAFKIN, MD, MSCE Otsuka-TB Unit 2440 Research Blvd Rockville, Maryland United States of America Tel: +1-240-683-3281 Email: Jeffrey.hafkin@otsuka-us.com</p>
18.	<p>Dr Barbara HAUER Robert Koch Institute DGZ-Ring 1 13086 Berlin (Weißensee) Germany Phone: Fax: Email: HauerB@rki.de</p>
19.	<p>Dr Nuruzzaman HAQUE Deputy Director and Program Manager of TB Bangladesh Email: ntpan.pm@gmail.com</p>

20.	<p>Professor Anneke C. HESSELING Director of Pediatric TB and Professor of Paediatrics, Desmond Tutu TB Centre Department of Paediatrics and Child Health, Faculty of Health Sciences Stellenbosch University, Room 0084 Clinical Building PO Box 19063, Francie van Zijl Drive Tygerberg, 7505, South Africa Tel: +27 21 9389173; Fax: +27 21 9389179 Email: annekeh@sun.ac.za</p>
21.	<p>Professor Cleotilde (Telly) HIDALGO HOW Professor, Department of Pharmacology & Toxicology University of the Philippines (UP) College of Medicine 547 Pedro Gil Street, Ermita 1000, Manila, Philippines Tel: +63 2 526 4248; Fax: +63 2 521 8251 Email: tellyhow@gmail.com</p>
22.	<p>Dr Ashaque HUSAIN Line Director NTP-BAN Email: directormbdc@gmail.com</p>
23.	<p>Dr Nastiti KASWANDANI Member of Childhood TB Working Group, MoH Indonesia Department of Child Health, Faculty of Medicine, University of Indonesia Jl. Salemba Raya No. 6 Jakarta, Indonesia Email: nkaswandani@yahoo.com</p>
24.	<p>Dr Anna MANDALAKAS, MD, MSci Epi, FAAP Associate Professor, Pediatrics Section of Retrovirology and Global Health Baylor College of Medicine Texas Children's Hospital Director, Global Tuberculosis and Mycobacteriology Program The Tuberculosis Initiative 1102 Bates St, FC-630 Houston, TX 77030 telephone +1 832-822-1331 fax +1 832-825-1281 Email: anna.mandalakas@bcm.edu</p>
25.	<p>Dr Davide MANISSERO Director Public Health Programme Otsuka 3 Rue du Marché, 1204 Geneva, Switzerland Tel office: +41 22 560 7963 Mobile: +41 78 623 7963 E-mail : DManissero@otsuka-sa.ch</p>
26.	<p>Daryl MARTYRIS Health Officer USAID Uganda Email: dmartyris@usaid.gov</p>

27.	<p>Dr Heather MENZIES Centers for Disease Control and Prevention International Research and Programs Branch; Division of Tuberculosis Elimination National Center for HIV, STD, and TB Prevention 1600 Clifton Rd, MS E-10; Atlanta, GA 30333 Tel: 404-639-8488; Fax: 404-639-1566 Email: HMenzies@cdc.gov and fev7@cdc.gov</p>
28.	<p>Dr Zahra MKOMWA, MD, MPH Director, TB/HIV Project PATH Tanzania 10th Floor, Amani Place (opposite Movenpick Hotel), Ohio Street P.O. Box 13600 Dar es Salaam, Tanzania Email: zkomwa@path.org</p>
29.	<p>Dr. Surbhi MODI, Medical Officer, Pediatric HIV Team, Maternal and Child Health Branch, Division of Global HIV/AIDS Centers for Disease Control and Prevention 404-639-8909 phone smodi@cdc.gov</p>
30.	<p>Dr Ya Diul MUKADI Bureau for Global Health USAID Washington, D.C. United States of America Email: ymukadi@usaid.gov</p>
31.	<p>Dr Dorcas MUTETEKE Senior Technical Advisor, Infectious Disease USAID, Kinshasa, DRC Email: dmuteteke@usaid.gov</p>
32.	<p>Dr Joshua Olusegun OBASANYA National Coordinator National TB, Leprosy and Buruli Control Programme Dept of Public Health Federal Ministry Health New Federal Secretariat Complex Shehu Shagari Way P.O. Box 083 Garki - Abuja Nigeria Email: joobasanya@hotmail.com Phone: +234 703 410 26 56 and +234 704 33 14 737</p>
33.	<p>Dr Elizabeth (Lisa) OBIMBO University of Nairobi Department of Paediatrics P.O. Box 19676 KNH 00202 Nairobi Kenya Email: eobimbo@hcc.or.ke</p>

34.	<p>Gloria ORAMASIONWE, MD, MPH Medical Officer International Research and Programs Branch Division of Tuberculosis Elimination National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention Centers for Disease Control and Prevention Atlanta, Georgia United States of America Phone: 404-718-8633 Fax: 404-639-1566 E-mail: iyo8@cdc.gov</p>
35.	<p>Dr Nastiti N. RAHAJOE Chair, National Working Group on Paediatric TB Member of Expert Committee in Ministry of Health JL Mendawai III/2,B; Kebayoran Baru Jakarta 12130, Indonesia Email: nastitirahajoe@yahoo.com</p>
36.	<p>Dr Dyah Armi RIANA NTP Indonesia Email: dyaharmiriana@gmail.com</p>
37.	<p>Dr Md. Abdul Hamid SALIM Country Director TB CARE I/CRO KNCV Tuberculosis Foundation Country Office Indonesia Gedung Menara Bidakara 2, Lt. 18 Jl. Jend. Gatot Subroto Kav. 71-73 Pancoran – Jakarta Selatan 12870 Indonesia Email: hamids@kncv.or.id</p>
38.	<p>Dr Darmawan B. SETYANTO Head of Respiratory Division, Department of Child Health Faculty of Medicine, University of Indonesia Member of TB Expert Committee, Ministry of Health Indonesia Indonesia Email: dbsetyanto@gmail.com</p>
39.	<p>Dr Alena SKRAHINA Vice Director, Scientific Director Republican Scientific & Practical Center for Pulmonology & Tuberculosis Dolginovsky tract 157 220053 – Minsk Belarus E-mail: alena_skrachina@tut.by</p>

40.	Dr Reuben SWAMICKAN Advisor- TB USAID India/Health Office American Embassy, Chanakya Puri, New Delhi 110021 India Email: rswamickan@usaid.gov
41.	Dr. Khurshid TALUKDER Senior Consultant Paediatrician and Research Coordinator Centre for Woman and Child Health (CWCH) Ashulia, Dhaka 1349 Telefax: +88 02 770 2455 Mobile: +88 01713 047131 Email: khurshidtalukder@yahoo.co.uk
42.	Dr Rudi THÉTARD Infectious Diseases Advisor African Strategies for Health Washington, D.C. United States of America Email: rthetard@msh.org

WHO Secretariat (HQ and Regions/Countries)

43.	Dr Vikarunnessa BEGUM NPO (TB CARE II), WHO Bangladesh Email: begumv@who.int
44.	Dr Lucica DITIU Stop TB Partnership secretariat World Health Organization, 1211 Geneva 27, Switzerland Email: ditiul@who.int
45.	Dr Malgosia GRZEMSKA - Secretary to the subgroup Medical Officer, Stop TB Department World Health Organization, 1211 Geneva 27, Switzerland Tel: +41 22 7913989; Fax: +41 22 7914706 Email: grzemska@who.int
46.	Dr MD Khurshid Alam HYDER Regional Advisor – TB SEARO/WHO Email : hyderk@searo.who.int
47.	Tara KEDIA 12607 Golden Oak Drive Ellicott City, MD 21042 USA Email: kediatara@gmail.com

48.	<p>Dr Lisa Jane NELSON Medical Officer, Treatment and Care Team, Department of HIV/AIDS World Health Organization, 1211 Geneva 27, Switzerland Email: nelsonl@who.int</p>
49.	<p>Dr Charalampos (Babis) SISMANIDIS Statistician, TME, Stop TB Department World Health Organization, 1211 Geneva 27, Switzerland Email: sismanidisc@who.int</p>
50.	<p>Dr Sabera SULTANA NPO – DR TB WHO Bangladesh Email: sultanas@searo.who.int</p>
51.	<p>Dr Fraser WARES Medical Officer, LDR, Stop TB Department World Health Organization, 1211 Geneva 27, Switzerland Email: waresf@who.int</p>