UNICEF and childhood TB
64% of the estimated cases are **not** reported, **not** diagnosed

How can UNICEF help to

- improve case detection and access to the new FDCs
- Provide preventive services
UNICEF - overview

- UNICEFs mandate is to promote the rights and well-being of children, guided by the UN Convention on the Rights of the Child
- Presence in 190 countries, 7 regional offices
- Country offices: 5-year country programme of cooperation with host government
- Specialized offices: Supply Division (Immunizations and other commodities)
- Programme Division at HQ:
  - Technical leadership and guidance
  - Support to COs to support national programs to go to scale with proven interventions
  - Manage and disseminate programme knowledge and experiences
Health
• Child Health (Pneumonia, Diarrhea, Malaria, HIV, TB)
• Maternal and Newborn
• Immunization
• Emergencies
• Knowledge management (OR)

TB?
Care seeking along the continuum of care

- Home/Community
- 1\textsuperscript{st}/secondary level facilities
- Hospital

Improve access
Decentralize

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Integrated community case management (iCCM) is an effective strategy for scaling up interventions at the community level.

iCCM – key set of interventions delivered by CHW, focusing on main killers of children: Pneumonia, Malaria, Diarrhea

Ideal platform for TB interventions: case finding and prevention
Notes: *iCCM refers to services for diagnosis and treatment for pneumonia, diarrhoea and malaria are provided together.
There was no data for neonatal sepsis and malnutrition in the 2010 survey.
Caring for the child’s healthy growth and development
- Care-giving skills and support for child development
- Infant and young child feeding
- Prevention of illness
- Family response to child’s illness

Caring for the sick child in the community (iCCM)
- Referral of children with danger signs and severe acute malnutrition
- Treatment in the community
  - Diarrhoea
  - Fever (malaria)
  - Pneumonia

Caring for the newborn at home
- Promotion of ANC and skilled care at birth
- Care in first week of life
- Recognition and referral of newborns with danger signs
- Special care for low-birth-weight babies

HIV/Risk of HIV? TB contact?

WHO/UNICEF adapted CHW materials (2014)
What is the impact?

- TB case finding?
- TB outcomes?
- What would be the impact of scale-up?
- Uptake of preventive therapy – cases prevented?
- **But also:** impact on other child health measures (pneumonia, malnutrition)
The community platform – opportunities in a complex system

- Management of the sick child
- Care of pregnant women
- Newborn care
- Nutrition
- HIV
- NCDs
- WASH
- Family planning
- TB risk assessment
- Follow-up
- Contact screening
- IPT
- etc.

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How can we **best** integrate TB and other conditions into the existing community platform

- **Operational feasibility**
  - Can we maintain quality?
  - What management and reporting tools are needed?
  - How can we develop comprehensive training approaches?
  - How can we harmonize M&E?
  - Referral systems needed
  - Preparedness of receiving facilities

- **Cost**
  - Health system
  - Patients
Many opportunities for linking TB to existing approaches along the MCNH continuum of care

- Pregnant woman
- Newborn
- Child 0-5
- Child >5/adolescent

Prevention, diagnosis and treatment of common illnesses

Existing, adaptable trainings, materials, tools
Engage UNICEF at country level
Advocacy – moving TB beyond TB

- End the epidemics of TB, HIV
- End preventable maternal and child deaths
Advocacy and evidence
Increase presence in the MNCH space
Task forces, TWGs, Conferences, Publications

- Make a compelling case
- Identify joint challenges and benefits
The New Funding Model is a key opportunity for driving increased MNCH integration

GF – UNICEF MOU

“Exploring options to maximize synergies with maternal and child health, the Board strongly encourages Country Coordinating Mechanisms (CCMs) to identify opportunities to scale up an integrated health response that includes maternal and child health in their applications for HIV/AIDS, TB, malaria and health systems strengthening.”

GFATM Board Recommendation 2010

- Integration in TB/HIV concept notes
- TB/HIV in HSS concept notes
- Operational research
Funding opportunities

GLOBAL FINANCING FACILITY IN SUPPORT OF EVERY WOMAN, EVERY CHILD
EVERY BREATH COUNTS

CAMPAIGN GOAL
Raise awareness of pneumonia as a leading cause of death relative to other childhood diseases and relative to available financing.

CAMPAIGN TARGET
Policymakers, donors, and African leaders.

OBJECTIVE
Strong country ownership; broad-based support at the highest level, ambitious multi-stakeholder action; and alignment with the SDGs.
Update on Childhood TB Training Initiatives
Welcome to the Childhood TB Learning Portal. We support the development of knowledge, skills and networks for those involved.
Childhood TB for Healthcare Workers: An Online Course

- 538 users have started the online course
  - 23% (123 users) have completed the course
- 194 users have downloaded the offline course
- 265 users registered but never downloaded the offline course or started the online course
Supporting online training
(K. Du Preez, L. Du Plessis, A. Hesseling)

• The Desmond Tutu TB Centre, with funding from USAID TB CARE II, piloted the course in the Nelson Mandela Metro areas in the Eastern Cape Province of South Africa
  – The facilitation only included provision of computer centers, help with online course login, etc.
• Almost 300 primary care nurses were trained using the course on a self-study basis
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
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• Funding
  – USAID TB CARE I and II
  – USAID Challenge TB
Please come and join the Union Working group and scientific section meetings!

- **Childhood TB WG** (Anne Detjen, James Seddon)
  Feedback on training initiatives and other activities, Re-define aims and objectives, New leadership

- **New: Maternal and child TB WG** (Adrie Bekker, Surbhi Modi, Lisa Cranmer)
  Establish a community of researchers and practitioners to advance a research and program agenda for TB prevention and detection for women and children

Both groups will meet together on Friday, December 4 at 8 am, room MR 2.41-2.43

- Adult and Child Lung Health Section meets on Friday, December 4 at 17.15-18.45, Marco Polo-Westin
Thank you