



UPDATES ON CHILDHOOD TB IN UGANDA

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ANNUAL MEETING OF THE CHILDHOOD TB SUBGROUP,
3RD DECEMBER 2015





PRESENTATION OUTLINE

- Background
- Burden of childhood TB in Uganda
- National response towards childhood TB
- DETECT Child TB project
- Challenges in addressing childhood TB in Uganda





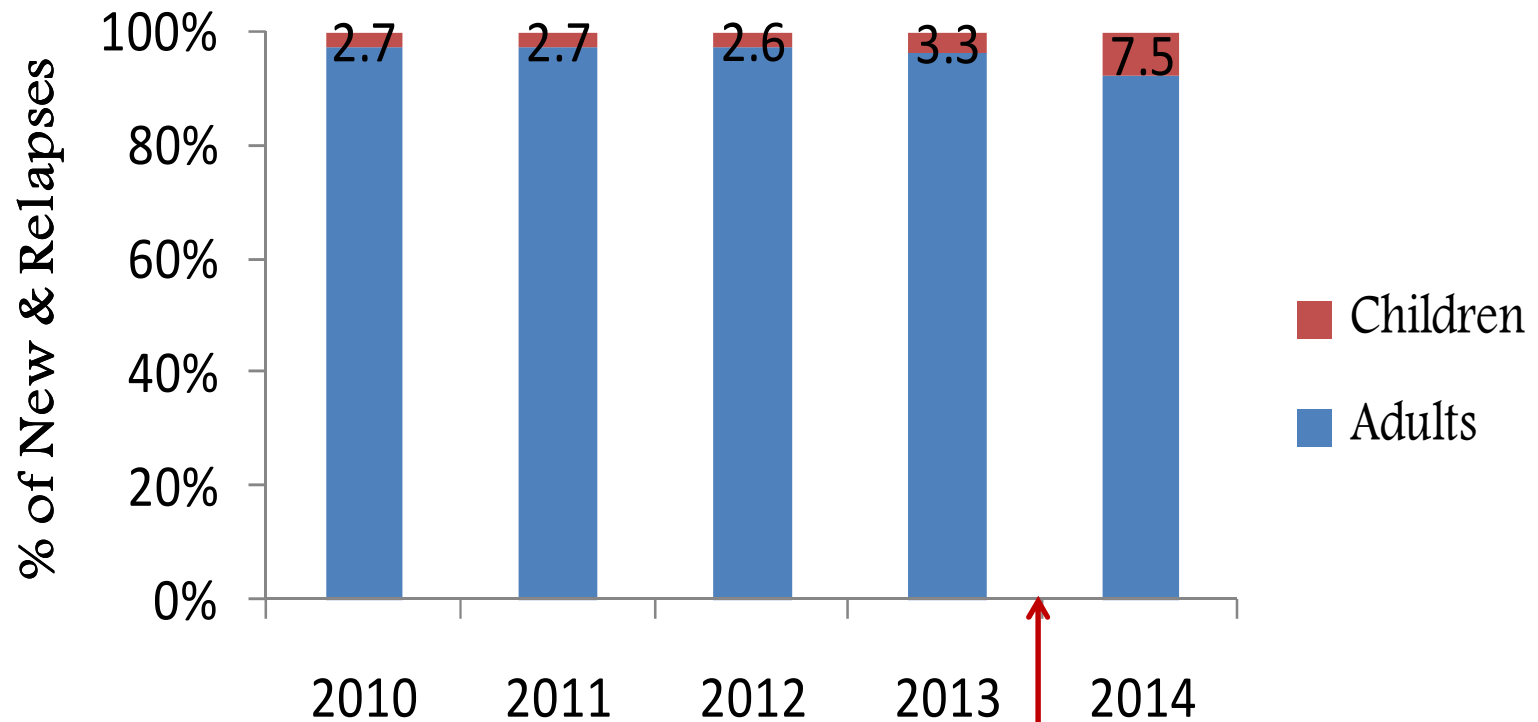
BACKGROUND



- ❑ Total population is ~ 35 million people and nearly half of it is children under 15 years (2014 Census)
- ❑ TB incidence: 161 new and relapse TB cases /100,000 per year (Global TB report 2015)
- ❑ HIV prevalence: 7.3% (0.7% in children under five years) (Uganda AIDS Indicator survey 2011)
- ❑ TB/HIV co-infection: 45%



TREND OF CHILDHOOD TB



Revision of TB reporting tools to include clinically diagnosed cases





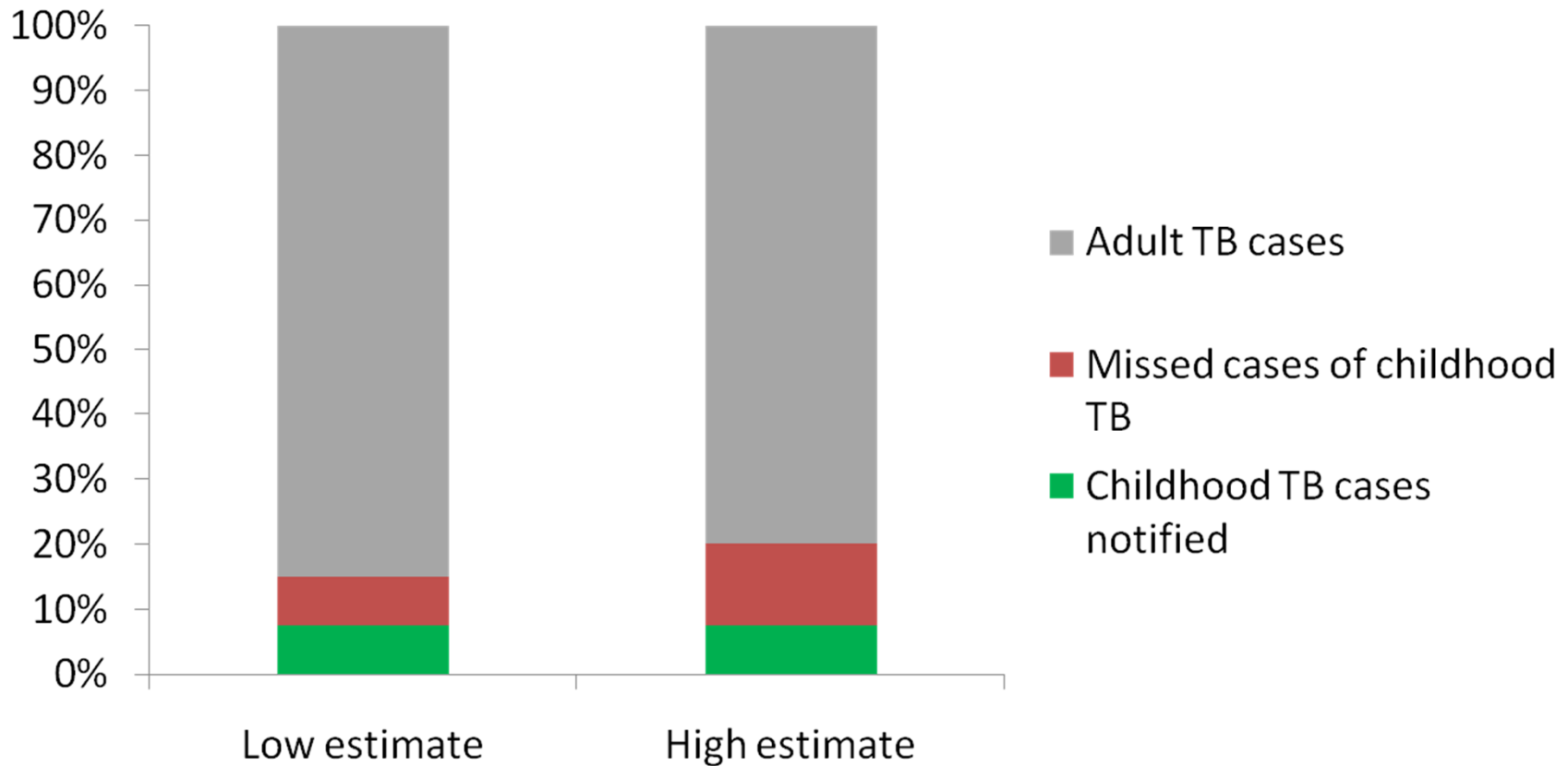
DISTRIBUTION OF TB DISEASE IN CHILDREN (NEW AND RELAPSES IN 2014)

Child TB Disease Classification	Age group in Years		
	0 – 4	5 – 14	Total (%)
Bacteriologically Confirmed PTB	96	589	685 (21%)
Clinically Diagnosed PTB	1084	801	1885 (57%)
EPTB	326	420	746 (22%)
Total	1,506	1,810	3,316





WHAT IS THE GAP IN CHILDHOOD TB CASE NOTIFICATION? (2014 DATA)



*Low and High estimates of 15 – 20% taken from Dodd et al (2014)





CHILDHOOD TB/HIV INDICATORS (2014)

TB/HIV Indicator	Childhood TB performance	National performance	National Target (2020)
TB cases tested for HIV	73%	95%	100%
TB/HIV co-infection	34%	45%	Not determined
TB/HIV on CPT	96%	98%	100%
TB/HIV on ART	79%	81%	100%





TREATMENT OUTCOMES FOR CHILDREN (JAN – SEP 2014)

Treatment Outcome	Performance in childhood TB (N=2603)	National performance (N=46176)	National Targets (2020)
Treatment Success	64%	73%	90%
Died	6%	8%	<5%
Treatment Failure	0%	1%	Not determined
Lost to Follow Up	10%	11%	< 5%
Not Evaluated	20%	7%	0





NATIONAL RESPONSE TOWARDS CHILDHOOD TB

Establishment of a childhood TB TWG

- NTLP led
- Initiated in 2013
- Provides a consultative and consensus forum for the NTLP on the implementation of childhood TB activities

Assessment of health facility capacity to manage childhood TB*

- 112 public and private facilities assessed
- Case notification reduced with decreasing level of health care
- Lower cadre health workers are shouldering Pediatric TB diagnosis
- Limited health worker knowledge, skills, and confidence
- Limited access to standard recommendations

Strengthening the M&E component for childhood TB

- Introduction of indicators for childhood TB
- % of children among all forms of TB notified
- # of close contacts of PTB cases provided IPT
- Revision of the R&R tools
- Inclusion of interventions targeting childhood TB in the NSP 2015-2020



* Abstract :PC-1287-06



NATIONAL RESPONSE TOWARDS CHILDHOOD TB

Development of standalone guidelines

- Consultative approach
- Guided by the childhood TB TWG
- Draft of the first edition of the guidelines is in the final stages of approval at the MoH

Development of a competence based curriculum

- Consultative approach
- Process was guided by a local consultant with expertise in competence based training
- Focuses on the knowledge required to perform a particular task and how to perform that task.

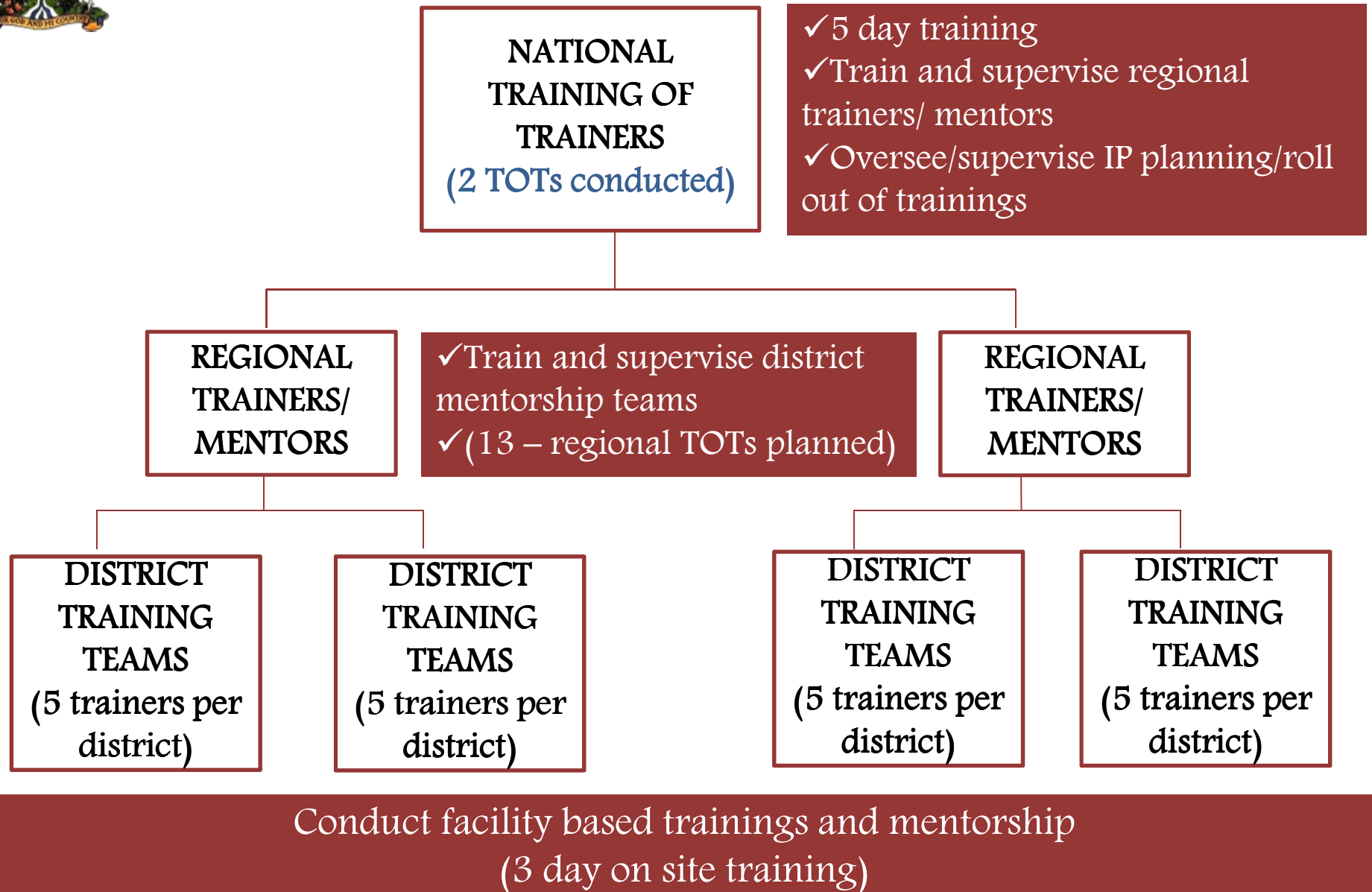
Integration of TB into existing child health care services

- Intervention included in the NSP 2015–2020
- Implementation guidelines for TB/HIV integration are in the final stages
- Discussions ongoing for TB/RMNCAH & TB/iCCM integration
- DETECT Child TB project





CAPACITY BUILDING MODEL FOR CHILDHOOD TB





The Union

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

**DECENTRALISE TB SERVICES AND ENGAGE COMMUNITIES
TO TRANSFORM LIVES OF CHILDREN WITH TB**

Project Goal:

To strengthen health facility
and Community Level health
care delivery to improve
childhood TB, case finding,
treatment and prevention.

Project Area

- Wakiso (peri-urban)
- Kabarole (rural)





DETECT CHILD TB PROJECT OBJECTIVES

- To provide preventive therapy for eligible “at-risk” children according to national guidelines in two districts in Uganda.
- To increase TB case detection among household contacts of all ages including children (0–14 years) in the two districts.
- To improve treatment outcomes for children with TB





Baseline Survey Findings

A baseline survey conducted at the beginning of the project showed that:

TB in children accounted for only 7.4% and 10.8% of all TB cases diagnosed in Kabarole and Wakiso districts respectively.

Lower Level health facilities had minimal involvement in diagnosis and treatment of children with TB. Over 95% of Child TB Cases from both districts were managed at hospitals.

Only 60% of all children diagnosed with TB in the previous year successfully completed their treatment.

None of the public health facilities carried out contact tracing, which is important to find and treat child TB cases.

Only 17% of health facilities provided Isoniazid Preventive Therapy to children.





KEY ACHIEVEMENTS : JAN–SEPT 2015

- 299 health facility–level health care workers have been trained on childhood TB, bringing on board 78 lower level health facilities providing Childhood TB prevention, diagnosis and treatment.
- 173 community health workers (Village Health Team) have been trained to do household contact tracing, support adherence to treatment and conduct health education.
- A 40% increase in children diagnosed with TB was observed in the two districts in the reporting period July–September 2015, in comparison with the previous quarter. A higher increase was registered in Kabarole (60%) compared to Wakiso district (23%).





CHALLENGES IN ADDRESSING CHILDHOOD TB IN UGANDA

- ❑ **Human resource:**– Limited knowledge and skill
- ❑ **Diagnosis:**– Limited access to sample collection; diagnostics; sample transportation
- ❑ **Medicines:**– Stock outs; Short expiries; lack of pediatric formulations.
- ❑ **Funding:**– Underfunding for TB control
- ❑ **Health service delivery:**– Weak referral health system
- ❑ **Community level health care delivery:**– Limited community awareness on Childhood TB; involvement; support for the village health teams





ACKNOWLEDGEMENTS

- GOU – MOH
- NTLT Team
- Regional Teams
- District Teams
- Health workers
- Development partners
- Implementing partners





THANK YOU

THE CHILDREN ARE OUR FUTURE

