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

<table>
<thead>
<tr>
<th>Year</th>
<th>% of New &amp; Relapses</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>2.7</td>
</tr>
<tr>
<td>2011</td>
<td>2.7</td>
</tr>
<tr>
<td>2012</td>
<td>2.6</td>
</tr>
<tr>
<td>2013</td>
<td>3.3</td>
</tr>
<tr>
<td>2014</td>
<td>7.5</td>
</tr>
</tbody>
</table>

Revision of TB reporting tools to include clinically diagnosed cases
## DISTRIBUTION OF TB DISEASE IN CHILDREN (NEW AND RELAPSES IN 2014)

<table>
<thead>
<tr>
<th>Child TB Disease Classification</th>
<th>Age group in Years</th>
<th></th>
<th></th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 - 4</td>
<td>5 - 14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bacteriologically Confirmed PTB</td>
<td>96</td>
<td>589</td>
<td></td>
<td>685 (21%)</td>
</tr>
<tr>
<td>Clinically Diagnosed PTB</td>
<td>1084</td>
<td>801</td>
<td></td>
<td>1885 (57%)</td>
</tr>
<tr>
<td>EPTB</td>
<td>326</td>
<td>420</td>
<td></td>
<td>746 (22%)</td>
</tr>
<tr>
<td>Total</td>
<td>1,506</td>
<td>1,810</td>
<td></td>
<td>3,316</td>
</tr>
</tbody>
</table>
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)

<table>
<thead>
<tr>
<th>TB/HIV Indicator</th>
<th>Childhood TB performance</th>
<th>National performance</th>
<th>National Target (2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB cases tested for HIV</td>
<td>73%</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>TB/HIV co-infection</td>
<td>34%</td>
<td>45%</td>
<td>Not determined</td>
</tr>
<tr>
<td>TB/HIV on CPT</td>
<td>96%</td>
<td>98%</td>
<td>100%</td>
</tr>
<tr>
<td>TB/HIV on ART</td>
<td>79%</td>
<td>81%</td>
<td>100%</td>
</tr>
</tbody>
</table>
# TREATMENT OUTCOMES FOR CHILDREN (JAN – SEP 2014)

<table>
<thead>
<tr>
<th>Treatment Outcome</th>
<th>Performance in childhood TB (N=2603)</th>
<th>National performance (N=46176)</th>
<th>National Targets (2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Success</td>
<td>64%</td>
<td>73%</td>
<td>90%</td>
</tr>
<tr>
<td>Died</td>
<td>6%</td>
<td>8%</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>Treatment Failure</td>
<td>0%</td>
<td>1%</td>
<td>Not determined</td>
</tr>
<tr>
<td>Lost to Follow Up</td>
<td>10%</td>
<td>11%</td>
<td>&lt; 5%</td>
</tr>
<tr>
<td>Not Evaluated</td>
<td>20%</td>
<td>7%</td>
<td>0</td>
</tr>
</tbody>
</table>
## 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

NATIONAL TRAINING OF TRAINERS
(2 TOTs conducted)

- 5 day training
- Train and supervise regional trainers/mentors
- Oversee/supervise IP planning/roll out of trainings

REGIONAL TRAINERS/MENTORS

- Train and supervise district mentorship teams
- (13 – regional TOTs planned)

REGIONAL TRAINERS/MENTORS

DISTRICT TRAINING TEAMS
(5 trainers per district)

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Conduct facility based trainings and mentorship
(3 day on site training)
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
- NTLP Team
- Regional Teams
- District Teams
- Health workers
- Development partners
- Implementing partners
THANK YOU

THE CHILDREN ARE OUR FUTURE