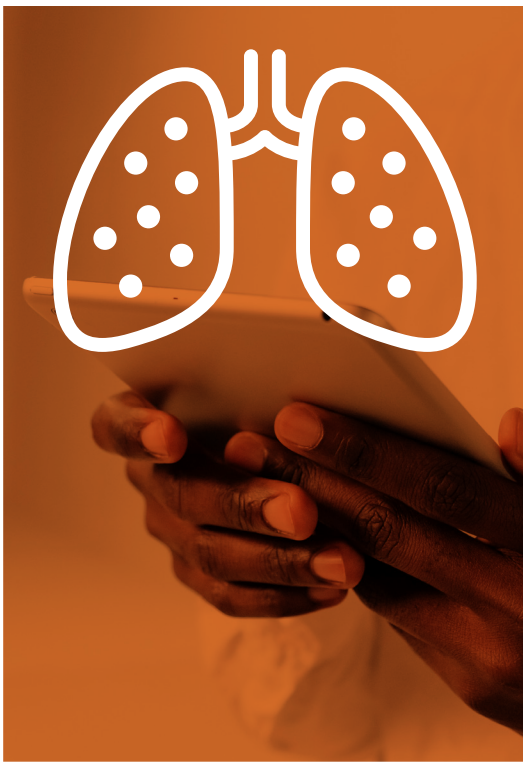
RATT
Eastern & Southern Africa
Regional Inter Agency Task Team on Children & AIDS

# Childhood and Adolescent Tuberculosis (TB) Management



A POLICY BRIEF

# 1. Introduction

This policy brief outlines proposed policy alternatives to addressing adolescent and childhood Tuberculosis (TB) management in the ESA region. Evidence for the policy brief was documented through situational analysis of policies on TB in the Eastern and Southern Africa (ESA) region and a review of progress towards implementation of the 10 Key Actions in the Roadmap towards ending TB in children and adolescents[1] in four countries (DRC, Kenya, Uganda and Zimbabwe). The situational analysis was commissioned by Regional Inter-Agency Task Team on Children & AIDS and carried out by SAfAIDS.

# 2. Background and Challenge

Childhood TB remains a topical issue because children (aged 0 to 14 years) in high-incidence settings continue to experience a huge burden of TB, despite that it is treatable and preventable. The global targets for children are not being met: 1.9 million children were diagnosed and treated for TB between 2018-2022, representing only 54% of the 5-year target of 3.5 million. The ESA region bears a disproportionately high burden of TB, with high levels of HIV co-infection rates constituting a challenge to effective TB control alongside the emergence of multi- and extensively drug-resistant strains. In 2021, children accounted for 11% of global TB deaths among people living with HIV. World Health Organization (WHO) has indicated that the large and widespread TB prevention, case detection and treatment gaps seen among children and adolescents are not primarily the result of technological or policy constraints. They persist due to a lack of leadership, awareness and advocacy; gaps and poor innovation in service delivery and scale-up of evidence-based interventions; verticalization of the TB response and the resulting lack of joint accountability; and gaps in data recording and reporting.

## The situational analysis of the policy environment and implementation of the 10 Key Actions on Childhood TB in four countries in the Eastern and Southern Africa region

The purpose was to undertake a situational analysis of the policy environment and review policies on TB in the ESA region to develop a policy brief to use in advocacy that will support interventions towards more effectively managing adolescent and childhood TB in four of the countries. A mixed data collection methodology was utilized to ensure reliable and accurate data is collected to inform the policy brief.

1 Roadmap towards ending TB in children and adolescents: who.int/iris/bitstream/handle/10665/274374/9789241514668-eng.pdf

## Results:

It is evident from the analysis of the countries that Kenya, Uganda and Zimbabwe have made significant progress on almost all the 10 Key Action points as stipulated in Roadmap towards ending TB in children and adolescents. Limited progress has been recorded in DRC. However, in all four countries, more efforts are still needed to keep the childhood and adolescents TB momentum on course and in line with the WHO 2018 Roadmap Action Points.

| WHO Childhood TB Roadmap Performance Score | | | | | |
|---|---|---|---|---|---|
| **Action Point** | **DRC** | **Kenya** | **Uganda** | **Zimbabwe** | **4-Country Performance** |
| 1. Strengthen advocacy at all levels | 🔴 | 🔴 | 🟡 | 🟢 | 🔴 |
| 2. Foster functional partnerships for change | 🔴 | 🟡 | 🟡 | 🟢 | 🟡 |
| 3. Foster national leadership and accountability | 🟡 | 🟡 | 🟡 | 🔴 | 🔴 |
| 4. Increase funding for child and adolescent TB programmes | 🔴 | 🟡 | 🔴 | 🔴 | 🔴 |
| 5. Bridge the policy-practice gap | 🟡 | 🟢 | 🟡 | 🟢 | 🟡 |
| 6. Implement and expand interventions for prevention | 🟡 | 🟢 | 🟡 | 🟡 | 🟡 |
| 7. Scale-up child and adolescent TB case-finding and treatment | 🔴 | 🟢 | 🔴 | 🟡 | 🟡 |
| 8. Implement integrated family- and community-centred strategies | 🔴 | 🟢 | 🔴 | 🟡 | 🔴 |
| 9. Improve data collection, reporting and use | 🟡 | 🟢 | 🟢 | 🟡 | 🟡 |
| 10. Encourage child and adolescent TB research | 🟡 | 🟢 | 🔴 | 🟡 | 🟡 |

## Policy and Operational Options per Action Point:

1. **Strengthen advocacy at all levels:** There is a need to establish the ESA regional advocacy coalition on childhood and adolescent TB that can hold Member States to account in implementing the 10 WHO Roadmap action points. The coalition should be monitoring and tracking the annual progress towards the action points at the national level and report in both national and regional advocacy platforms.
2. **Foster functional partnerships for change:** A well-coordinated partnership through structured platforms was observed in all four countries. However, the engagement with the private sector other than developmental partners was limited and this needs to be strengthened.
3. **Foster national leadership and accountability:** The assessment indicated that Zimbabwe has a TB caucus which consists of parliamentarians that are engaged and are part of the National TB Partnership forum. This political will is vital for the success of TB programmes. However, this was not the case in other countries, hence there is a need to strengthen the functions of Technical Working Groups, Focal Point Persons, policymakers and other stakeholders in supporting the National TB Program (NTP).

4. **Increase funding and resources for childhood TB programmes:** A gap was noticed in supporting Civil Society Organizations (CSOs), yet these are important as they work more at the community level. In addition, other than Kenya, countries did not have funds earmarked for key interventions, such as active case-finding or multi-drug resistant (MDR)-TB treatment. There is a need for more detailed costed activities for childhood TB prevention, detection, diagnosis, and treatment in national and sub-regional plans. These will also help in tracking implementation of activities in addition to advocating for more funding.
5. **Policy and Practice:** Policies and guidelines exist in all countries reviewed but the capacity building for healthcare workers to manage TB is limited. Efforts should be made on advocating for specific TB management and the use of diagnostic equipment (e.g., digital chest radiography, and GeneXpert machines). There is a need for scaling up the use of digital contact tracing, TB management and reporting tools. Kenya has been reported as having best practices in this regard and can be used for learning by other nations.
6. **Implement and expand interventions for prevention:** This was well implemented as it took advantage of adult TB notification. However, there is still a need for creating awareness and sensitizing the target population (children and adolescents), care-givers and community in general about TB such that those with presumptive TB are screened and managed appropriately. The community sensitization will reduce stigma in the community and encourage adolescents to be screened and be treated. Support in the uptake of short courses pediatric preventive therapy is greatly required as studies have shown poor uptake and completion rates[2].
7. **Scale-up childhood TB case-finding and treatment:** All countries are systematically implementing TB screening for children and adolescents in public and private in and outpatient settings. However, none of the countries had developed appropriate Health strategies and mechanisms for support services (e.g. telephone calls, messaging, or home visits) to encourage childhood treatment adherence and TB notification in this age group as they do with HIV services. There is an opportunity to integrate TB services with the fairly funded HIV programs. Childhood TB screening needs to be enhanced through capacity building of health acre workers so that they screen for TB at all entry points esp. children with respiratory symptoms.
8. **Implement Integrated Family and Community centred strategies:** All NTP guidelines recognize that TB as a disease has a direct and indirect impact on the survival and healthy development of entire households and would require children and adolescents to be screened for TB when they present with other ailments at all entry points at health facilities and within households esp. those with family members with TB. However, there is need for a dedicated policy on the integration of childhood and adolescent TB with other health programs, no indicators to measure the integration and in some cases limited resources to allow the integration.

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2 Hirsch-Moverman Y, Strauss M, George G, et al. Paediatric tuberculosis preventive treatment preferences among HIVpositive children, caregivers and healthcare providers in Eswatini: a discrete choice experiment. *BMJ Open* 2021;11:e048443. doi:10.1136/bmjopen-2020-048443

9. **Improve data collection, reporting and use:** Countries should review data notification tools and include specific adolescent TB reporting tools for the age group 10 – 19 years as they are currently lumped in the age groups 5–14 years and 15–24 years. In addition, all countries did not have digital tools resulting in limited use of the collected data and possible under-reporting or duplicate reporting. National TB Programs should invest more resources in revising and digitalizing their data-collecting systems and also take advantage of COVID-19 health systems developed.
10. **Encourage childhood TB research:** There is limited research on Childhood and Adolescent TB by all NTPs resulting in limited evidence-based data on this age group. The Ministry of Health and NTPs in different countries should advocate for more investment dedicated to research on childhood and adolescent TB as this is lagging compared to adult TB.

## Conclusion

The ten action points are not fully addressed in all countries reviewed with DRC still doing the bare minimum. There is limited to no evidence of local and domestic initiatives in all four countries towards funding for childhood TB. Furthermore, the engagement of the private sector to contribute towards childhood TB is limited though the mining sector has its specific programmes addressing family of the employees that have TB. Such initiatives should be synchronized with national activities as this might help countries in fulfilling the requirements of the TB National Roadmap.