

COE “Workshop series for strengthening capacity to manage child and adolescent TB”

Session 2: South-to-South Sharing

Date: July 11, 2023

Moderator: Ritah Mande



Session 2 Agenda (Cohort 2)



- 1) Quick round of introductions (**All**)
- 2) Session 1 recap and Session 2 outline (**Ritah Mande**)
- 3) Country presentations summarizing findings from the country-level assessment and mapping exercises (**Member countries**).
- 4) Conduct (as a group) SWOT analysis based on findings from reviews in Ethiopia, Rwanda and Zimbabwe and identify common strengths, weaknesses, opportunities, and threats across countries (**Brittany Moore**)
- 5) Closing remarks (**Ritah Mande**)

Remind ourselves - who is present for session 2!

- Quick round of introductions (*Name, Organisation/Country and position title*)
- The Union
- CDC
- Member countries
 - Ethiopia
 - Rwanda
 - Zimbabwe

COE Union Team



John Paul Dongo



Ritah Mande



Riitta Dlodlo



Selma Dar Berger

COE CDC Team



Brittany Moore



Joshua Doyle



Victoria Tori Tully

Ethiopia



- Naija Tilay Gudina
- Alemayehu Terefe
- Petros Mitiku
- Taye-letta
- Eshetu Abdisa

Rwanda



- Dr. Mutemmbayire Grace
- Dr NKURANGA John Baptiste.
- Dr Hypolite Bwiza Muhire
- Dr Celestine Nyagatare
- Dr Lisine Tuyisenge

Zimbabwe



- Fungai Kavenga
- Mxolisi Ngwenya
- Micheal Muponda
- Nicole Kawaza
- Tendai Nkomo
- Nathan Chiboiwa



Session 1 recap, session 2 outline, and workshop series running schedule

Ritah Mande, COE Coordinator- The Union Uganda office

1. Let's get started: Introduction session

Objectives

1. Review workshop session objectives with participants and discuss country expectations
2. Review training workshop series format, learning calendar and advised time commitment required
3. Introduce the resource file folders on the COE page
4. Review methodologies and resources to:
 - Assess national guidelines, training strategies, and training materials
 - Assess staff training needs for child and adolescent TB at all levels of the health system
 - Map existing partners that provide technical or financial support to child and adolescent TB

Post-session work completed by country team

- Assess national guidelines, training strategies, and training materials
- Assess staff training needs for child and adolescent TB at all levels of the health system
- Map existing partners and resources to support to child and adolescent TB training or management
- Identify general/high-level barriers and challenges to effective implementation of child and adolescent TB program

Deliverable: Country team develops short presentation (15 minutes) summarizing findings from assessment and mapping exercises.

2. South-to-south experience sharing

Objectives

1. Share findings from countries' review of national training strategies, training materials and staff training needs for child and adolescent TB (post-session 1 work)
2. Conduct SWOT analysis based on findings from countries' reviews
3. Identify common strengths, weaknesses, opportunities, and threats across countries

Post-session work completed by country team

- Conduct country-specific SWOT analysis based on review
- Access resources and background reading for Session 3 on effective training approaches and adult learning theory



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MINISTRY OF HEALTH - ETHIOPIA

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REACHING OUTSIDE FOR PROGRESS



SESSION 2: SHARING FINDINGS FOR CHILD AND ADOLESCENT TUBERCULOSIS FROM *ETHIOPIA*

July , 2023

COUNTRY TEAM MEMBERS :-

- 1, Mr. Taye Letta*
- 2, Mrs. Tilaye Gudina*
- 3, Dr. Eshetu Abdissa*
- 4, Dr. Peter Mitiku*
- 5, Mr. Alemayehu Terefe*




ASSESSMENT METHODS OVERVIEW

- The country team conducted a combination of both desk review and field visits.
- The team has used the COE assessment tools mostly in all level.
- Three people from NTP including child and adolescent TB focal participated on the review.
- Also one person from each of these organization (MSH/USAID Eliminate TB Project and KNVCV) participated.



RESOURCE 1: ASSESSING NSPs AND GUIDELINES

- The team reviewed the National Strategic Plan.
 - Child and Adolescent TB burden, targets for TB treatment and TPT, indicators and reporting tools were included in the NSP.
 - It also includes strategies to combat stigma and integration of TB and HIV care and treatment.
 - The team reviewed the National Comprehensive TBL and TB/HIV, PMDT and PMTPT Guidelines.
 - Child and Adolescent TB burden, targets for TB treatment and TPT, indicators and reporting tools were included in the guidelines.
 - Also TB diagnostic algorithms for children, regimens and dosages for TPT, DS-TB and DR- TB treatment and integrated management of co-morbidities were included in the guidelines.
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RESOURCE 2: ASSESSING EXISTING CAPACITY BUILDING STRATEGIES

- There are formal and structured off-site **classroom training activities, mentorship and on-job-training activities** that include topics on child TB in Nutrition, HIV and child health(IMNCI) .
- *Its verified through discussions with MOH level staff(desk review)and field visit in nutrition, HIV& Child Health and its implemented at different level.*
- *Child and adolescent TB specific training has been initiated.*



RESOURCE 2...

- Also topics of **child and Adolescent TB** included as part of routine integrated bi-annual TB specific supportive supervision and performance review meetings.
- *But not implemented in Adolescent health, EPI and Maternal health programs*



RESOURCE 3: ASSESS TRAINING MATERIALS AND CONTENT

- National Comprehensive TBL and TB/HIV, Child and Adolescent TB Management, PMDT and Comprehensive LTBI(PMTPT) training materials were reviewed.
- Child and Adolescent TB thematic area is addressed in the comprehensive training manuals, and separate training material on management of TB in children and adolescents was prepared aligned with WHO guidelines.
- Targets for TB diagnosis, treatment and LTBI (TPT) also indicated.



ASSESS TRAINING MATERIALS ...

- Indicators and SOPs for program monitoring as well as recording and reporting tools were included.
- Diagnostic algorithms, regimens and dosages of the DS-TB, DR-TB treatment and TPT were also well indicated in the training materials.
- SOPs for screening children and adolescent diagnosed with TB for HIV and living with HIV for TB were clearly indicated.



RESOURCE 4: ASSESS KNOWLEDGE AND SKILLS

- The team has assessed the knowledge and skills of the health care providers at the facility level(both hospitals and health centers).
- We visited 3 hospitals and 4 health centers to assess the knowledge and skills of the TB focal persons at different sites.

Strengths observed:

- Staffs can describe the clinical presentation and diagnostic algorithm of TB clearly and the TB treatment as well as TPT regimen.
- The unit TB registers, Contact screening and TPT registers and ART registers were neat and well documented.
- TB focal persons providing service at TB clinic were trained on comprehensive TBL, TB/HIV and child and adolescent TB at most of visited health facilities.

ASSESS KNOWLEDGE AND SKILLS...

- The TB focal staffs of assessed facilities know the targets for child and adolescent TB case notification, treatment and prevention for their catchment population.
- The staffs know SOPs for initiating TB treatment and TPT as well as monitor the adverse events, completion rates in children.



WEAKNESS OBSERVED:

- Most staffs do not know the proportion of child and adolescent TB cases among all cases notified in their catchment population.
- Inconsistencies in TB screening with low identification of TB cases in children and adolescents.
- Even though the process of data compiling and reporting was good, the data quality was poor and not used for decision making in most of the facilities.



RESOURCE 5: RESOURCE MAPPING TOOL

The major child and adolescent TB activities currently being implemented in Ethiopia:

- *Prevention:- Vaccination(BCG), TB preventive therapy, IPC*
- *Diagnosis, care and treatment for TB patients.*
- *ACF (i.e. contact investigation, campaign, systematic screening in all service outlets at the facilities.*
- *Monitoring and evaluation.*



RESOURCE MAPPING TOOL...

The stakeholders/partners involved in child and adolescent TB activities in Ethiopia:

- GF
- WHO
- MSH/USAID TB Eliminate Project
- KNCV
- Reach Ethiopia



STRENGTHS IDENTIFIED

- Child and Adolescent TB targets for TB treatment and TPT as well as indicators were well addressed in the NSP.
- *Presence of* guidelines, training materials, SOPs and diagnosis algorithms.



CHALLENGES IDENTIFIED

- *Inadequate coordination and support on child and adolescent TB program*
- *Low engagement of partners in child and adolescent TB.*
- *Inadequate decentralization of TB services for children and adolescents with poor capacity of the HCWs at PHCUs*
- *New WHO recommendations like stool test are not fully operationalized*



CHALLENGES...

- No implementation of child friendly diagnosis methods and low diagnostic capacity.
- Low implementation of chest x- ray as screening tool.
- Poor data quality and difficult to know the true burden of TB in children and adolescents.
- Low suspicion of TB in children among health workers



BEST PRACTICES/LESSONS LEARNED

- *Integration of child and adolescent TB in to different programs like RMCNH(IMNCI) and HIV.*
- *Shorter regimen like 3HP and 3RH for TPT was implemented.*



COUNTRY FEEDBACK ON COE RESOURCES

- The tools are very comprehensive, coherent and well structured.
- It's a supportive guidance and it will help to identify the specific gaps in the holistic programmatic needs and interventions
- It could guide the country team to address areas that requires improvement



CONCLUSION

- *Resource mobilization by engaging different stakeholders / partners is very crucial to strengthen the child and adolescent TB.*
- *Enhancing the integration of child and adolescent TB with other programs.*
- *Chest X ray as screening tool and other children friendly diagnostic method should be used to diagnosis TB in children and adolescents.*
- *strengthening continuous capacity building, mentorship and supportive supervision for health care providers at different level.*



THANK YOU!





Child and adolescent tuberculosis Program in Rwanda

Dr Grace Mutembayire

July 11th 2023

- The assessment was conducted by various health professionals composed by pediatricians from teaching Hospitals and Public health professionals from National TB Program and stakeholders as well as Health Care Providers from District Hospitals.
- Desk review was conducted along with Key informants' interview , Field visits for data collection and analysis
 - ❖ Desk review and Interviews: perusal of official policy , strategic and guidance documents and reports . These include National Guidelines, TB National Strategic Plan 2019-2024 , capacity building plans and strategies, training modules, Quality improvement and mentorship strategic plan , Monitoring and Evaluation plan , Notification data , data review and other relevant documents . Interviews with Ministry of Health , stakeholders and TB National TWG were conducted

❖ Field visits :

- Health Facilities 52 hospitals including (RHs , PHs , DHs)and HCs were visited . Different domains were assessed . These include
 - ✓ Clinical and Laboratory practices and procedures ,
 - ✓ Compliance with the National Guidelines ,
 - ✓ Patient Centered services
 - ✓ Supply chain of TB drugs and laboratory reagents
 - ✓ Monitoring , evaluation and reporting (review of patient files , paper-based registers , Electronic medical records)
 - ✓ Capacity building including onsite mentorship
 - ✓ Quality improvement /quality assurance
- Other field visits : Communities , partners and MoH/RBC

NSP 2019-2024 and TB among children and adolescents

Childhood TB indicators, targets and achievement as of 2022 / NSP 2019-2024

Thematic Area Indicator	Baseline (2015)	Target (2021/2022)	Status (2022)
Proportion of children 0-14 years notified among TB cases new and relapse	7.8%	9.5%	5.0% (272/5447)
Proportion of children with TB successful treated	85%	90%	93% (2020-21)
Proportion of eligible children aged 0 to 4 years who are contacts of bacteriologically confirmed index patients started on TB preventive treatment (treatment for LTBI) who completed TPT	97%	>97%	90.7% (1047/1154)
Proportion of eligible children aged 5 to 14 years who are contacts of bacteriologically confirmed index patients started on TB preventive treatment (treatment for LTBI) who completed TPT	NA	90%	

National TB Guidelines _Key considerations for children and adolescents

- The National TB guidelines has a well detailed component on Childhood TB Prevention ,TB diagnosis and management
- There is a national clinical and laboratory diagnosis algorithms
- A separate childhood TB guideline is available , waiting for official approval .
- Children are among prioritized high-risk groups for X-pert as the initial diagnosis test and CXR, TST are provided at District Hospital level at no cost
- Stool testing using Xpert for the diagnosis of paediatric tuberculosis is currently implemented in 4 pilot sites.
- The TB national guideline includes child-friendly fixed-dose combinations for the treatment of TB in children

- There is a Pediatric TB focal person in the National TB Program
- There is an Active Pediatric TB Technical working Group with defined Terms of References and comprised of Pediatricians, NTP and subject matter experts from Implementing partners.
- Childhood TB is well integrated into MCH, IMCI, Nutrition, ANC and HIV service provision
- Active TB screening sensitization for children is provided at facility and community level
- There is a strong DOT and contact tracing program including for children and adolescents
- Tuberculosis Preventive Therapy (TPT) is systematically provided to all young children (< 15 years) that are household contacts of a case with bacteriological confirmed TB and do not have any evidence of TB disease

Current capacity building strategies for child and adolescent TB Program

- The NTP has a Pediatric TB training curriculum .
- There is an annual TB training plan which includes child and adolescent TB management for health Care Providers at all levels of the health system
- The NTP has an annual TB mentorship plan to enhance the skills and knowledge of HCPs at decentralized levels . This mentorship includes paediatric mentorship plan with technical assistance from the Rwanda Paediatric Association (RPA).

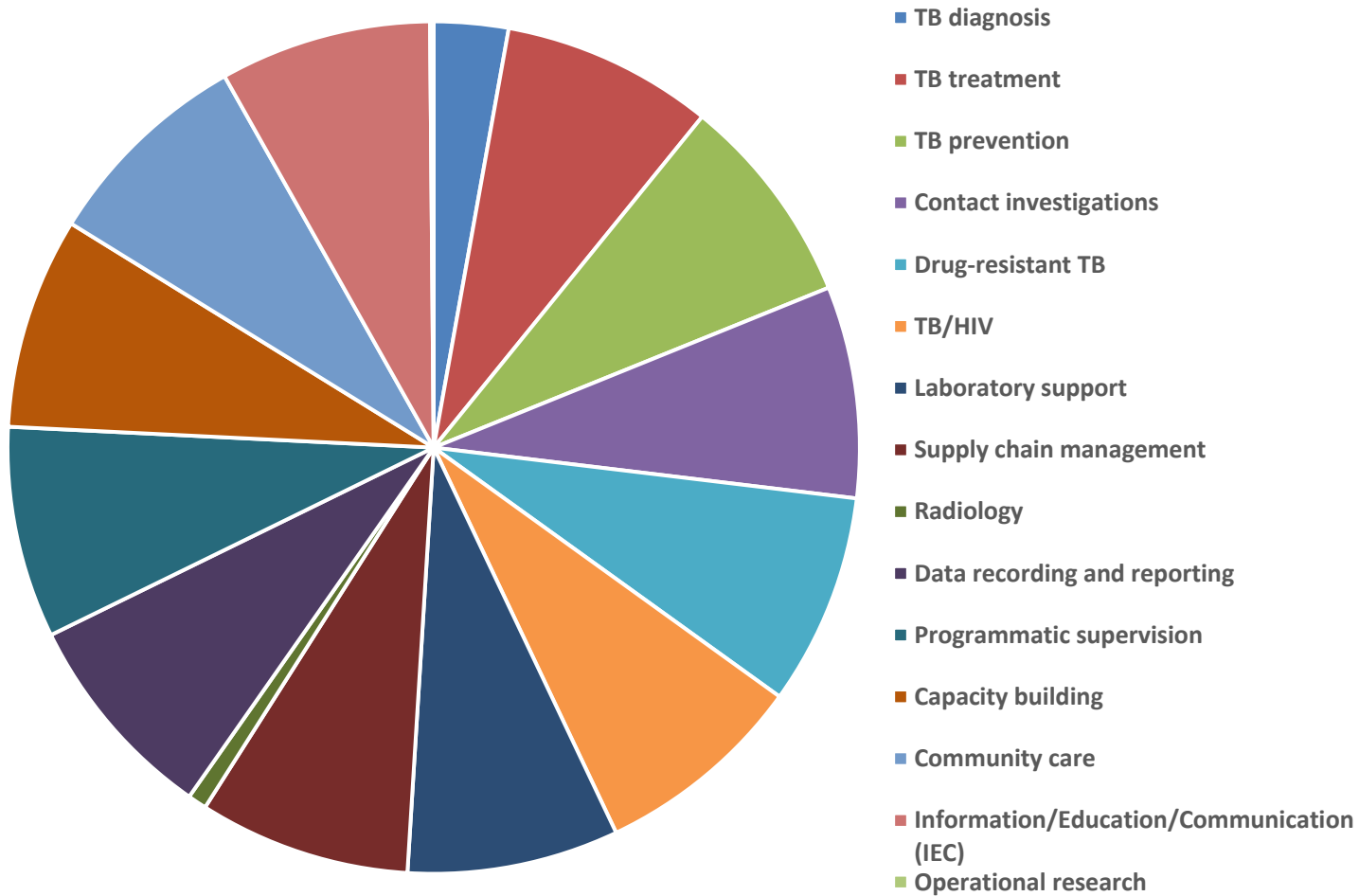
- NTP has a childhood TB training toolkit
- The main objectives of the toolkit are to : increase detection of children with TB at facility and community level ; improve the management of children with TB ;increase implementation of child contact screening and preventive therapy; and provide accurate data on childhood TB for better monitoring and evaluation
- The toolkit consists of 5 modules covering a range of topics from epidemiology, diagnosis, and treatment to managing childhood TB in the community.
 - ❖ Module 1 : Diagnosis of Tuberculosis in children
 - ❖ Module 2 :Treatment of tuberculosis
 - ❖ Module 3: TB and HIV co-infection in children
 - ❖ Module 4: Tuberculosis in special Circumstances
 - ❖ Module 5: Childhood TB Prevention.

- Health Care Providers in all visited Health Facilities have Good knowledge and practice on pediatric TB management and treatment including TB among CALHIV, screening of contacts and provision of TPT
- TB screening in OPD is being done with appropriate tools, however screening is not always done systematically and at all entry points (hospitalization , OPD for children >5YO).
- TB screening amongst severely malnourished children was done at all visited health facilities with good diagnostic yields
- GeneXpert, chest X-rays, microscopy and TST are available for childhood TB diagnosis
- Chest X-ray interpretation is done by physician at District hospitals and referral Hospitals
- Approaches used for diagnosis of TB in children were mostly testing of sputum using Gene X-pert or microscopy, digital x-rays, and clinical diagnosis.
- Very limited utilization of naso-gastric aspiration, sputum induction and fine needle aspiration as sample collection methods in most facilities.

Childhood TB program resource mapping

Child and Adolescent TB	Geographic coverage	Comments	% Coverage
TB diagnosis	205 Centers for Diagnosis and Treatment		<div></div> 35%
TB treatment	Country wide		<div></div> 100%
TB prevention	Country wide		<div></div> 100%
Contact investigations	Country wide		<div></div> 100%
Drug-resistant TB	Country wide		<div></div> 100%
TB/HIV	Country wide		<div></div> 100%
Laboratory support	Country wide	Natioanl reference laboratory (NRL) develops national policies and guidelines on TB testing, provides capacity building and mentorship support to all public health facilities that offer TB testing. NRL ensures that health centers receives technical support from District hospitals in the catchment area	<div></div> 100%
Supply chain management	Country wide	Through the national medical stores (RMS), District pharmacies conducts forecasting , quantification and distribution of TB drugs . For Lab, the NRL conducts forecasting, quantification and distribution of TB testing commodities and supplies and ensure that there are no stock-outs or expirations	<div></div> 100%
Radiology	52 Hospitals		<div></div> 9%
Data recording and reporting	Country wide		<div></div> 100%
Programmatic supervision	Country wide	There is a decentralized supervision of TB services form central level (NTP) to District Hospitals (DHs) and from DHs to Health Centers(HCs) and from HCs to Community . For TB Tlab supervision , NRL the provides TB services supervision to tertiary health facilities in the laboratory network	<div></div> 100%
Capacity building	Country wide		<div></div> 100%
Community care	Country wide		<div></div> 100%

Childhood TB program resource mapping



- TB contact tracing is integrated into CHW guidelines and tools
- TB treatment regimen is correctly administered with child friendly formulations based on recent WHO recommendations;
- Childhood TB tools are well documented
- There are appropriate equipments/tools for nutritional monitoring and evaluation;
- Contacts investigation is done systematically for all index cases;
- Clinical diagnosis of childhood TB is done at all health facilities

- Limited staff capacity in childhood TB screening, diagnosis and treatment
- High turnover of staff in charge of childhood TB
- Low TB detection rate attributed to various factors, and these include :
 - ❖ limited health worker skills ,
 - ❖ inadequate childhood TB mentorship ,
 - ❖ poor quality of sputum sample due to the issue of obtaining expectorate samples and sputum collection using invasive techniques (naso -gastric aspirate, fine needle aspirate) ,
 - ❖ limited use of sputum induction, naso-gastric aspirate and fine needle aspirate for sample
- Access to CXR service is hindered by transport costs currently covered by caregivers
- Lack of sputum sample collection modules and Practical training session
- Adolescent TB is not addressed in the NSP
- Childhood TB guideline is available waiting for official approval to be disseminated .

- NTP in collaboration with stakeholders developed a Pediatric TB diagnostic algorithm which has both clinical and Laboratory component.
- Systematic screening TB is incorporated into the integrated Management Childhood Illness (IMCI), the Integrated Community Childhood Management (ICCM) and HIV care and treatment tools
- The NTP in collaboration with Rwanda Paediatric Association provides regular onsite mentorship of HCPs on the management of childhood TB at decentralized level.
- Teleconsultation on childhood TB management using WhatsApp groups is currently provided by Pediatricians, Radiologists and international Expert in TB management.

- The resources provided by the COE supported the country team to :
 - ❖ assess child and adolescent TB program implementation status
 - ❖ Identify program strengths and areas for improvements
 - ❖ Develop targeted strategies to improve child and adolescent TB program

Thank You!



Session 2: Sharing findings on child and adolescent tuberculosis from *Zimbabwe*

Dr. Mx Ngwenya

TaS4TB Technical Lead / Childhood TB Focal Person

11 July 2023



Assessment Methods Overview

- *Zimbabwe conducted a mid-term review of the NSP in September 2022 as the NTP, partners, stakeholders and a consultant (from Zambia)*
- *The MTR was a desk review and assessment in various provinces at all levels of the healthcare system up to community and patient level*
- *Standardized data collection tools for focus group discussions, interviews, observation and qualitative data were used*
- *Teams were looking into broad sections but zeroing into thematic areas*



Assessment Methods Overview

- *TB in 'special' populations (KVPs) looked into childhood and adolescent TB*
- *Some of the members involved are part of the CTB TWG*
- *Zimbabwe also conducted a programme essentials assessment in March 2023*
- *All data collected were then compared to the mapping resources provided by COE to ensure nothing is missed*



Resource 1: Assessing NSPs and guidelines – programmatic performance in 2022

Thematic Area Indicator	Baseline	Target	Performance #	Performance %	Status
Proportion of Notifications that are Childhood TB cases (0-14)	6%	12%	6%	50%	
Treatment success 0-14	47% (2019)	90%	87% (2020)	97%	



Resource 1: Assessing NSPs and guidelines

- *A review of the NSP found:*
 - *There were childhood and adolescent TB sections throughout the NSP as sub-activities*
 - *No specific strategic objective speaking directly to childhood TB but it is bundled with treatment coverage (12% of all notifications target)*
- *A review of the guidelines found:*
 - *There is a section on management of childhood and adolescent TB*
 - *Last updated in 2016, no latest guidance compared to the WHO 2022 recommendations on childhood and adolescent TB*



Resource 1: Assessing NSPs and guidelines

- *Mitigation in the NSP:*

- *specific section for childhood TB added to the addendum*
- *activities listed and costed*

- *Mitigation in Guidelines:*

- *National TB guidelines updated to adopt use stool and NPA for Dx, 4mo regimen, 6HRZEto, use of BDQ and DLM in all age groups*



Resource 2: Assessing existing capacity building strategies (*MTR used*)

- *The team met with colleagues from the Health Information Department, ICT, Provincial Medical Directors, Partners (Community and Clinical), District medical officers and local facility staff*
- *The current capacity building strategies include :*
 - *ECHO sessions for all practitioners (an electronic platform with a 1 hr presentation weekly on different TB topics)*
 - *Classroom trainings budgeted for using the TOTs model*
 - *Clinical COEs with partner support in 3 districts – clinical and lab attachments*



Resource 3: Assess training materials and content (*Desk review*)

- *The training package for health care workers developed in 2021 by the NTP and UZT (formerly The Union) was reviewed. This includes:*
 - *Lecture slides*
 - *Videos*
 - *Participants manuals*
 - *Pre and post tests*



Resource 3: Assess training materials and content (*Desk review*)

- *The existing training material well covered the basics of childhood and adolescent TB, including epidemiology, risk factors, screening, diagnosis, treatment, follow up, care and prevention*
- *Strengths*
 - *Comprehensive in all topics with links to other topics on TB*
 - *Visual aids, videos, charts and tables available*
 - *Summary for each area*
 - *Easy to follow and use*



Resource 3: Assess training materials and content (*Desk review*)

- *Gaps*
 - *Epidemiology not up to date*
 - *Material on diagnosis outdated (no mention of stool, strengthening of Rx decision algorithms, TruNat, Xpert XDR)*
 - *Missing an update in relation to the WHO recommendation of 2022 (4mo regimen for non-severe DSTB, newer TPT regimens, DRTB updates on BDQ and DLM, use of decentralized approaches)*



Resource 3: Assess training materials and content (*Desk review*)

- *Mitigation:*

- *Childhood TB training material was revised to align to WHO recommendations in Feb 2023*
- *Childhood TB desk guide is under revision*
- *TOTs done in March 2023*



Resource 4: Assess knowledge and skills (*MTR of NSP*)

- *Field work was conducted at all levels of the health care system. Different provinces, districts, clinics were visited.*
- *Strengths in knowledge and skills*
 - *All levels: general understanding that children can get TB*
 - *All levels: knowledge on the existence of NGA as a specimen of diagnosis*
 - *At provincial hospital: ability to conduct gastric lavage*



Resource 4: Assess knowledge and skills (*MTR of NSP*)

- *Gaps in knowledge and skills*
 - *At district and facility level: no confidence in performing GL*
 - *At district and facility level: no knowledge on the use of stool in children*
 - *At district and facility level: no knowledge and skill on using TST*



Resource 4: Assess knowledge and skills (*Pre-test in TOTs*)

- *Participants drawn from all 11 arbitrary provinces (8 rural and 3 metros)*
- *Types of participants:*
 - *Programmers from the province*
 - *Doctors from provincial and district hospitals*
 - *Nurses from provincial and district hospitals*
 - *Lab staff from provincial and district hospitals*



Resource 4: Assess knowledge and skills (*Pre-test in TOTs*)

- *Gaps in knowledge (judging by the questions)*
 - *New WHO guidance: use of stool, integrated Rx algorithms*
 - *Use of the CXR in childhood TB*
 - *New WHO guidance: 4mo regimen for non severe DSTB, 6mo regimen for TBM, DRTB drugs*



Resource 5: Resource Mapping

- *Current activities:*
 - *Childhood TB TWG*
 - *Childhood TB TOT then 1 day cascade trainings including stool SOS method*
 - *Development of CTB desk guide (adaptation from Union 4th Ed)*
 - *M and E tracking of CTB notifications and Rx outcomes*



Resource 5: Resource Mapping

Stakeholder / Partner	Support Provided
GoZ	HR and infrastructure to support childhood TB activities
Infectious Disease Detection and Surveillance (IDDS)	Mentorship support, capacity building, laboratory support
Jointed Hands Welfare Organisation (JHWO)	Community mobilisation
Global Fund	Financial support for capacity building in the NTP



Resource 5: Resource Mapping

Stakeholder / Partner	Support Provided
The Union Zimbabwe Trust (UZT)	Capacity building through Centres of Excellence, Support for mentorship, Diagnostic consumables support for 8 selected districts
CHAI	Scale up the use of shorter TPT regimens
PEPFAR partners	Increase TPT coverage in CLHIV
The Union	Online courses, Regional COE



Strengths Identified

- *General awareness of childhood and adolescent TB amongst HCWs and the community*
- *Partner support available for selected districts*
- *Having a national TWG on childhood and adolescent TB*



Strengths Identified

- *NTP commitment towards childhood TB activities – designated a childhood TB focal person, revised NSP, revised training material and working on the desk guide and guidelines*
- *Availability of child-friendly formulations for medicines*
- *Availability of shorter TPT regimens*



Challenges identified

- *NSP not entirely intentional on childhood TB – adjusted*
- *Outdated national TB guidelines on the management of childhood and adolescent TB – adjusted*
- *Suboptimal capacity of HCWs on new guidance and recent developments - training in progress*



Challenges identified

- *Suboptimal capacity of HCWs in CXR use and interpretation*
- *Suboptimal capacity of HCWs in TST and NGA procedures*
- *Absence of an updated desk guide for childhood and adolescent TB*



Best Practices/Lessons Learned

- *The integration of childhood TB in routine activities as seen at Mpilo Central Hospital – casualty, nutrition ward (MCH is a COE for childhood TB piloted by the CaPTB project supported by EGPAF) resulting in less missed cases*
- *The decentralization of childhood TB activities to the district and clinic levels results in early diagnosis and Rx*
- *Collaboration with professional associations - e.g Paeds Association of Zimbabwe chairs the TWG results in faster strategy dissemination*



Country feedback on COE resources

- *Unable to access COE resources through the shared links and passwords initially*
- *Resources eventually accessed - comprehensive and well detailed to ensure no area was missed*
- *Data collected using these resources is informing the TWG on current gaps*



Conclusion

- *The country needs to strengthen childhood and adolescent TB activities through:*
 - *Mobilising resources to support childhood TB activities*
 - *Capacity building amongst health care workers and stakeholders*
 - *Support and mentorship to subnational levels*
 - *Strengthening private public partnership mix*
 - *Continued integration of TB activities into mainstream childhood activities*



THANK YOU

SWOT Analysis

Brittany Moore, Epidemiologist- CDC-GTB

The Union

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



SWOT Analysis

- Strengths

- Identify enabling factors for child and adolescent TB.
 - i. Use of WhatsApp as an organizing and mobilization tool
 - ii. Use of child-friendly specimens
 - iii. Integrated and decentralized childhood TB care in all the three countries
 - iv. Availability of childhood and adolescent tb training curricula
 - v. Included in the IMNCI for TB diagnosis in children

SWOT Analysis

- **Weaknesses-** What are the challenges faced in the management of child and adolescent TB?
 - i. Not covering Adolescent TB in the national programs
 - ii. Awareness among the community and index of suspicion among healthcare workers (training/ update)
 - iii. Access to diagnosis and methods of accessing specimens on children.
 - iv. Suboptimal childhood and adolescent tb case notifications
 - v. Limited access to CXR as a sensitive screening and diagnostic tool.
 - vi. Limited staff capacity in childhood TB screening, diagnosis and treatment
 - vii. Traction in adapting WHO recommendations on diagnosis, treatment
 - viii. Existing knowledge and practice that TB is managed late following trials of antibiotics

SWOT Analysis

- **Opportunities-** Are there any opportunities that will facilitate/enable the improvement of care and treatment for child and adolescent TB?
 - i. Addressing the whole cascade, Active case finding for active TB diagnosis and treatment and ruling out active TB for TPT as 2 sides of a coin.
 - ii. Leverage on the COE to facilitate south-to-south learning- brings real time experience to share and try for countries.
 - iii. The availability of additional online resources that can be utilized to cascade knowledge to HCW (this includes online courses, CXR atlas etc)
 - iv. Evidence-based available global guidance on new patient-friendly childhood TB diagnosis i.e use of stool and short treatment regimens for adoption by countries
 - v. Availability of simple global guidelines on childhood TB. The simplified new WHO guidelines on CTB allow rapid adoption and adaptation by countries.
 - vi. Global Fund applications

SWOT Analysis

- **Threats-** What are some of the threats in the management of child and adolescent TB?
 - i. Staff attrition, need for training/update or basic, capacity building like introduction of test methods, algorithms, treatment options
 - ii. Emerging and reemerging pandemics that can disproportionately affect key and vulnerable populations i.e children
 - iii. COVID-19
 - iv. No standalone budgets or dedicated resources for CTB interventions. Where resources are available, the funding mechanisms are not sustainable (hugely donor funded)
 - v. Sustainability issue

Session calendar

No	Session	Dates	Duration
1	Let's get started: What is the COE "Workshop series for strengthening capacity to manage child and adolescent TB" - Introduction.	April 25, 2023	1 hour 30 minutes
2	Sharing findings from countries' review of their national training strategy, training materials, and staff training needs for child and adolescent TB	July 11, 2023	2 hours
3	Adapting and/or developing a national capacity building strategy for child and adolescent TB, incorporating best practices for adult learning	TBD	1 hour 30 minutes
4	South-to-south experience sharing: Real-life country experiences of implementing public health capacity-building strategies!	TBD	1 hour 30 minutes
5	Sharing countries' national child and adolescent TB capacity-building strategies	TBD	1 hour 30 minutes



Closing remarks

John Paul Dongo

Country Director- The Union, Uganda Office

The Union

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



Thank You

U.S. Centers for Disease Control & Prevention/Division of Global HIV & TB/Global TB Branch

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